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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

JAN -4 AM 8:25

## Foreign Limited Liability Company HAMBLEDON MANAGEMENT LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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A. SALY

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SPCTION 605,0002, FLORIDA STATUTEX THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAY 1. Hambledon Management LLC s in this "Circuited Liability Company" " [ C or "LLC")

name unavadable, enter alternate m	ince adopted for the purpose of transacting business in Fig.	da. The alternate name must include "I milled Laafility Company,	, 1,1.0, 18 11
Delaware		84-3331599 3	
(Jurisdiction under the law of wh	uch forcige: limited liability company is organized)	3. (FLI number, if applicable)	
	(Prite first transacted business in Florida, it prior to r (See actions 005 0004 & 605 0005; F.S. to determin	Sectration )	
c/o Elliott Investment M	Janagement L.P.	e/o Elliott Investment Management L.P.	•
reet Address of Principal Office)		6 (Mailing Andrews)	
Phillips Point, East Tov 777 South Flagler Driv	ver	Phillips Point, East Tower 777 South Flagler Drive, Suite 1000	
West Palm Beach, FL 3	3401	West Palm Beach, FL 33401	n 100
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	Property and the second
Name:	C T Corporation System		SET
Office Address:	1200 South Pine Island Road		T ORIO
	Plantation	33324 , Florida	16
	(City)	(Ziji code)	

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Ву:	CT Corporation System	Kilah Janghay	Kimberly Laughrey, Asst. Secretary
	(Registered agent's s	ignature)	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

	<u>Title or Capacity:</u>		
Name:	∐Manager	Name: Jean-Yves Magnan	
Address:	∃Member	Address:	
31 N. Summer Street, P.O. Box 670	□ Authorized	500 West Putnam Avenue, Suite 400	
Edgartown, MA 02539	Person	Greenwich, CT 06830	
Other	■Other	Other	
Elliot Circenberg	∐Manager	Manda D'Agata	
	□Member	c/o EIMCT LLC	
500 West Putnam Avenue, Suite 400	T Authorized	500 West Putnam Avenue, Suite 400	
Greenwich, CT 06830	Person	Greenwich, CT 06830	
lentOther	Vice Presid	dent	
Srikrishnan Rajan	□ Manager	Name: 75	
	Member	Address:	
500 West Putnam Avenue, Suite 400	☐ Authorized	883	
Greenwich, CT 06830	Person	- 10 2. AH C	
dent	□Other		
	Edgartown, MA 02539	Name: Paul E. Singer	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605 0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817,155, F.S.

/s/ Elliot Greenberg		
	Signature of an authorized person	
Elliot Greenberg		
	Typed or printed name of signer	

To: 18506176383

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HAMBLEDON MANAGEMENT LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTIETH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.





Authentication: 204451029

Date: 12-30-20