

12/31/2020

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

M21000000082

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000445906 3)))



H200004459063ABC/

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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: _____

2021 JAN -4 PM 2:22

APPROVED
AND
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RECEIVED

2021 JAN -4 AM 8:26

Foreign Limited Liability Company**Elliott Asset Management LLC**

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

This is part of 6 filings please file this **2nd** after coversheet, **H200004457793** and before others marked with this note. Thank you!

Electronic Filing Menu

Corporate Filing Menu

Help

JAN - 5 2021

K. Brumbley

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Elliott Asset Management LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Delaware 3. 82-0584694
(Jurisdiction under the law of which foreign limited liability company is organized) (ID number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 31 N. Summer Street 6. 31 N. Summer Street
(Street Address of Principal Office) (Mailing Address)

P.O. Box 670 P.O. Box 670

Edgartown, MA 02539 Edgartown, MA 02539

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip 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.

C T Corporation System
By: _____
(Registered agent's signature)

APPROVED
AND
FILED
2021 JAN -4 PM 2:22
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH

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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Paul L. Singer

☐ Member Address: c/o EIMMA LLC

☐ Authorized 31 N. Summer Street, P.O. Box 670

Person Edgartown, MA 02539

☒ Other President ☐ Other

☐ Manager Name: Elliot Greenberg

☐ Member Address: c/o EIMCT LLC

☐ Authorized 500 West Putnam Avenue, Suite 400

Person Greenwich, CT 06830

☒ Other Vice President ☐ Other

☐ Manager Name: Srikrishnan Rajan

☐ Member Address: c/o EIMCT LLC

☐ Authorized 500 West Putnam Avenue, Suite 400

Person Greenwich, CT 06830

☒ Other Vice President ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Jean-Yves Magnan

☐ Member Address: c/o EIMCT LLC

☐ Authorized 500 West Putnam Avenue, Suite 400

Person Greenwich, CT 06830

☒ Other Vice President ☐ Other

☐ Manager Name: Manda D'Agata

☐ Member Address: c/o EIMCT LLC

☐ Authorized 500 West Putnam Avenue, Suite 400

Person Greenwich, CT 06830

☒ Other Vice President ☐ Other

☐ Manager Name: Joshua Levine

☐ Member Address: c/o Elliott Capital Advisors, L.P.

☐ Authorized 31 N. Summer Street, P.O. Box 670

Person Edgartown, MA 02539

☒ Other Vice President ☐ Other

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELLIOTT ASSET 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.



3621171 8300

SR# 20208800202

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204451040

Date: 12-30-20