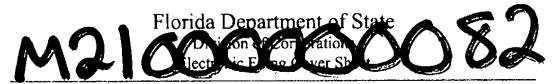
12/31/2020

From: Ranae McGraw

Division of Corporations



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/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA880000023 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:

- NECEIVED

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

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

IN COMPTANCE WITH SECTION 605,0002, FLORIDA SERTUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATEOF FLORIDA:

l'name unavailable, enter alternate i	arire adopted for the purpose of transacting business in El	ondu. The alte	soare name must include "	Lumited Ludinbty	Сөвіршу, П.І.С.	, 1
Delaware		3.	2-0584694			
is furnished to an under the law of which foreign limited liability company is organized)		ے. ۔۔	,	(11.1 number if app icable)		
					_	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	egistration) ne penalty liab	odity)			
31 N. Summer Street			N. Summer Street			
treet Address of Principal Office)		0	(Mailing Address)			_
P.O. Box 670		P.	O. Box 670			
Edgartown, MA 02539		E	dgartown, MA 025	39		-
Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	NOT acc	eeptable)		17 - NYF 1700	<u>ک</u> -
Name:	C T Corporation System				-4 PH	ָרְרְּ :
Office Address:	1200 South Pine Island Road				1 2:22	
	Plantation		. Florida	124	~	
	(City)			ny avde)	•	

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.

	CT Corporation System	
Ву:		
	(Registered agent's signature)	

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:	Title or Capacity:	Name and Address:
<u>П</u> Мападет	Name: Paul L. Singer	Manager	Name: Jean-Yves Magnan
□Member	Address:	□Member	Address:
□Authorized	31 N. Summer Street, P.O. Box 670	☐ Authorized	500 West Putnam Avenue, Suite 400
Person	Edgartown, MA 02539	Person	Greenwich, CT 06830
President Other		Vice Presid	dentOther
□Manager	Name: Elliot Greenberg	□Manager	Manda D'Agata Name:
⊒Member	Address:		Address: e/o EIMCT LLC
□ Authorized	500 West Putnam Avenue, Suite 400	II Authorized	500 West Putnam Avenue, Suite 400
Person	Greenwich, CT 06830	Person	Greenwich, CT 06830
	ent	Vice President	lentOther
⊡Manager	Name: Srikrishnan Rajan	∐Manager	Name:
□ Member	Address: c/o EIMCT LLC	□Member	Address: c/o Ellion Capital Advisors, L.I
□ Authorized	500 West Putnam Avenue, Suite 400	□Authorized	31 N. Summer Street, P.O. Box 670
Person	Greenwich, CT 06830	Person	Edgartown, MA 02539
Vice Presid	entOther	Vice Presid	lentOther

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 fellowy as provided for in s.817.155, F.S.

/s/ Elliot Greenberg	Signature of an authorized person	
	village of an abiliance leading	
Elliot Greenberg		
	Lyped or printed name of signed	



Page 1

From: Ranae McGraw

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.

Authentication: 204451040

Date: 12-30-20