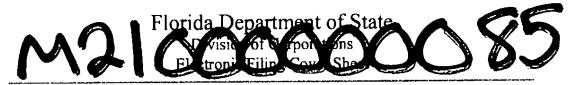
From: Ranae McGraw

12/31/2020

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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone

: (954)208-0845 Fax Number

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

Email Address:_

Foreign Limited Liability Company **Elliott Advisors GP LLC**

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

This is part of 6 filings please file this 3rd after coversheet. H200004459063 and before others marked with this note. Thank you!

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Help

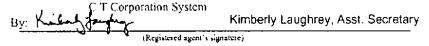
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L Elliott Advisors GP LL				
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability	Company," "L.T.C.," or "LT.C.")	
The community of and also makes although the or	ame adopted for the purpose of transacting business in Fl	Lande De el	tornalo como umo tra dista "Estadad Estada	to Control of the Con
Delaware	wine analysed for the bushace or nanateorifi persupsorta co	Killing The Bi	STURE Have make marine 14 mares 13,000	ty Company, 1712, to 110
5	hieli foreige limited liability company is organized)	3.	(FI2 number, ([applicable)
			·	,
1.				_
	(Date first francicted business in Florida, if prou to 15cc sections 605 6904 & 605 0005. F.S. to determ	registration ine penalty li	ability (
31 N. Summer Street		6	1 N. Summer Street	
Street Address at Principal Office)		٠ _	(Mailing Address)	
P.O. Box 670		1	P.O. Box 670	
Edgartown, MA 02539		I	Edgartown, MA 02539	
. Name and <u>street addres</u>	s of Florida registered agent: {P.O. Box	NOT a	ceptable)	2021 JAN
Name:	C T Corporation System			4
Office Address:	1200 South Pine Island Road		<u></u>	PH 2:
	Plantation		33324 , Florida	. ∷∷ ຜ _
	(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.



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:
□Manager	Name: Paul E. Singer	□Manager	Name: Jean-Yves Magnan
⊡Meniber	Address:	□Member	e/o EIMCT LLC
□ 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		■Other	entOther
⊡ Manager	Name: Elliot Greenberg	□Manager	Manda D'Agata
⊡Member	Address: e/o EIMCT LLC	□Member	Address: c/o EIMCT LLC
□ Authorized	500 West Putnam Avenue, Suite 400	Authorized	500 West Putnam Avenue, Suite 400
Person	Greenwich, CT 06830	Greenwich, CT 06830	
	lent	☑ Other	entOther
□Manager	Name: Srikrishnan Rajan	⊡Manager	Joshua Levine Name:
_ Member	Address:	_Member	Address: c/o Elliott Capital Advisors, L.f
□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 ⊠Other	lentOther	Vice Presid	lent DOther

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 8 817.155, F.S.

/s/ Elliot Greenberg		
	Signatu. of an authorized person	
Elliot Greenberg		
	Typed or printed name of signer	-

From; Ranae McGraw



Page 1

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

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

6347647 8300

SR# 20208800186

Authentication: 204451025

Date: 12-30-20