

12/31/2020

Division of Corporations

M2100000085
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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
 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: _____

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 AND
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2021 JAN -4 PM 2:33

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2021 JAN -4 AM 8:26

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

Certificate of Status	0
Certified Copy	1
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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Corporate Filing Menu

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JAN -5 2021

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

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

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FE) number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0004 & 605.0005, F.S., to determine penalty liability)

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

6. 31 N. Summer Street
(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.

By: Kimberly Laughrey C T Corporation System
(Registered agent's signature) Kimberly Laughrey, Asst. Secretary

2021 JAN -4 PM 2:33
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AND
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STATE OF FLORIDA
CLERK OF THE SUPREME COURT

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>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Paul E. Singer</u>	<input type="checkbox"/> Manager	Name: <u>Jean-Yves Magnan</u>
<input type="checkbox"/> Member	Address: <u>c/o EIMMA LLC</u>	<input type="checkbox"/> Member	Address: <u>c/o EIMCT LLC</u>
<input type="checkbox"/> Authorized	<u>31 N. Summer Street, P.O. Box 670</u>	<input type="checkbox"/> Authorized	<u>500 West Putnam Avenue, Suite 400</u>
Person	<u>Edgartown, MA 02539</u>	Person	<u>Greenwich, CT 06830</u>
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Elliot Greenberg</u>	 <input type="checkbox"/> Manager	Name: <u>Manda D'Agata</u>
<input type="checkbox"/> Member	Address: <u>c/o EIMCT LLC</u>	<input type="checkbox"/> Member	Address: <u>c/o EIMCT LLC</u>
<input type="checkbox"/> Authorized	<u>500 West Putnam Avenue, Suite 400</u>	<input type="checkbox"/> Authorized	<u>500 West Putnam Avenue, Suite 400</u>
Person	<u>Greenwich, CT 06830</u>	Person	<u>Greenwich, CT 06830</u>
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Srikrishnan Rajan</u>	 <input type="checkbox"/> Manager	Name: <u>Joshua Levine</u>
<input type="checkbox"/> Member	Address: <u>c/o EIMCT LLC</u>	<input type="checkbox"/> Member	Address: <u>c/o Elliott Capital Advisors, L.P.</u>
<input type="checkbox"/> Authorized	<u>500 West Putnam Avenue, Suite 400</u>	<input type="checkbox"/> Authorized	<u>31 N. Summer Street, P.O. Box 670</u>
Person	<u>Greenwich, CT 06830</u>	Person	<u>Edgartown, MA 02539</u>
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> 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 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.



6347647 8300

SR# 20208800186

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 in a small font.

Authentication: 204451025

Date: 12-30-20