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.

(((H20000446003 3)))



H200004460033ABCT

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 : FCA00000023

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:

21 JAN -4 AM 8: 2

Foreign Limited Liability Company Elliott Special Limited Partner LLC

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

This is part of 6 filings please file this 5th after coversheet, H200004458323 and before others marked with this note. Thank you!

Electronic Filing Menu

Corporate Filing Menu

Help

JAN - 5 2021

K Brumbley

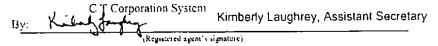
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

1. Efficit Special Limited (Name of Foreign)	Partner LLC Limited Liability Company; must include "Limi	ted Liabilii	y Company," "L.L.C.," or "LL.C.")			
(It name enavailable, enter alternate n	name adapted for the purpose of transacting nustroos in	Honda The	alternate owner must include "Lannied Ladulity Company," "L.E.C	mam (Cn)		
Delaware Christiction under the law of which foreign limited liability company is organized)		3.	82-3878135 3. (F17 number (Expelicable)			
(Aurisalehen under the law of w	вен поседи шанев гозингу сотрану в очазыского		(11) submiter of approximen			
4	(Onte first transacted Instinces in Planda, if print (See sections 695 0904 & 605 0905, F.S. to deter	In registrator	n) liability)			
c/o Elliott Investment Management L.P. 5. 6 (Street Address of Principal Office) Phillips Point, East Tower 777 South Flagler Drive, Suite 1000		6.	e/o Elliott Investment Management L.P.			
			Phillips Point, East Tower 777 South Flagler Drive, Suite 1000			
West Palm Beach, FL 33401			West Palm Beach, FL 33401			
7. Name and street address	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u>	acceptable)	2021 JAN		
Name:	C T Corporation System					
Office Address:	1200 South Pine Island Road			, (
	Plantation		33324 On (Ziroside)			
	(Cuy)		(val) come)			

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	<u>/:</u>	Name and Address:
⊡Manager	Name: Paul E. Singer	□Manager	Name:	
⊡Member	Address:	□Member	Address:	
□Authorized	31 N. Summer Street, P.O. Box 670	☐ Authorized		
Person	Edgartown, MA 02539	Person		
■ Other Managing	MemberOther	Other		□ Other
□Manager	Elliott Capital Advisors, L.P.	□ Manager	Nam e :	
□Member	Address: 31 N. Summer Street	□Memb e r	Address:	
☐ Authorized	P.O. Box 670	☐ Authorized		
Person	Edgartown, MA 02539	Person		
Other Managing	MemberOther	□Other		□ Other
□Manager	Name:	□Manager	Name:	
∃Member	Address:	Member	Address:	
Authorized		☐ Authorized		
Person		Person		
□Other		□Other		[]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 filting 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, Vice President of a general partner of the managing member			



Page 1

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

DELAWARE, DO HEREBY CERTIFY "ELLIOTT SPECIAL LIMITED PARTNER 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.

at corp.delaware.gov/auth

Authentication: 204451032

Date: 12-30-20