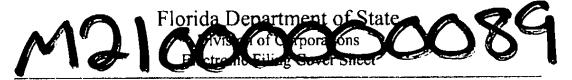
12/31/2020

Division of Corporations



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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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Foreign Limited Liability Company Elliott Special GP, LLC

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1AN - 5 2021

1. Runupley

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

IN COMPILANCE WITH SECTION 405,0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1 - Sinc Brid volisine, cine: Exemple	name adopted for the purpose of frensacting business in Flo	ումա Ihoutto	mate usine must include "Tamated Ladobty Com	pany." "Lil.C." or "I
Delaware			0-1978123	
(Jurisd chen under the law of v	thich foreign hinsted liability company is organized)	3	(LIJ number, 1/ applic	able)
,				
	(Date list transacted lusiness in Phonda, if pent to to (See sections 695 0904 & 605 0903, F.S. to determin	egistration) ic penalty liab	ılity')	
Phillips Point, East To	wer	Ph	nillips Point, East Tower	
treet Address of ('rineipal Office')		6	(Mailing Address)	
777 South Flagler Drive, Suite 1000		77	7 South Flagler Drive, Suite 1000	
West Palm Beach, FL	33401	W	est Palm Beach, FL 33401	
Name and street addre	ss of Florida registered agent' (P.O. Box	NOT_acc	eptable)	(5)
Name.	C T Corporation System			TOUT JAN -1
Office Address:	1200 South Pine Island Road			THO PH
			33324	
	Plantation		, Florida	75:

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.

Ву:	C T Corporation System	Kimberly Laughrey, Asst. Secretary
	(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:
∐Manager	Name: Paul E. Singer	☐ Manager	Name:
□Meniber	Address: CO EIMMA LLC	□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 Vice Presi	dentOther
⊡Manager	Name: Elliot Greenberg	□Manager	Name: Manda D'Agata
□Meniber	Address: c/o EIMCT LLC	_ Member	Address: e/o EIMCT LLC
(I) Authorized	500 West Putnam Avenue, Suite 400	□ Authorized	500 West Putnam Avenue, Suite 400
Person	Greenwich, CT 06830	Person	Greenwich, CT 06830
Vice Presid		Nice President	dentOther
□Manager	Name: Srikrishnun Rajan	□Manager	Name:
□Member	Address:	□ Member	Address:
□ Authorized	500 West Putnam Avenue, Suite 400	□Authorized	
Person	Greenwich, CT 06830	Person	
Vice Presid		□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 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	
Elliot Greenberg		
	Expert or spinted name of violen	

Delaware The First State

Page 1

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

e at coro delaware gov/auth

Authentication: 204451028

Date: 12-30-20