

12/31/2020

Division of Corporations

Florida Department of State
Division of Corporations
Section 609.01 Filing Cover Sheet

M21000000093

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Foreign Limited Liability Company
ELLIOTT INVESTMENT MANAGEMENT GP LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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11200004459483, thank you! LLC before the LP.

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JAN -5 2021

K. Brumbley

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Elliott Investment Management 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. _____
(F.L. number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 603.0904 & 605.0905, 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 Kimberly Laughrey, Asst. Secretary
(Registered agent's signature)

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

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]:

Please see attached addendum.

<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: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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

ELLIOTT INVESTMENT MANAGEMENT GP LLC**ADDENDUM TO APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

<u>Title</u>	<u>Name</u>	<u>Address</u>
President	Paul E. Singer	c/o EIMMA LLC 31 N. Summer Street P.O. Box 670 Edgartown, MA 02539
Vice President	Elliot Greenberg	c/o EIMCT LLC 500 West Putnam Avenue Suite 400 Greenwich, CT 06830
Vice President	Srikrishnan Rajan	c/o EIMCT LLC 500 West Putnam Avenue Suite 400 Greenwich, CT 06830
Vice President	Jean-Yves Magnan	c/o EIMCT LLC 500 West Putnam Avenue Suite 400 Greenwich, CT 06830
Vice President	Manda D'Agata	c/o EIMCT LLC 500 West Putnam Avenue Suite 400 Greenwich, CT 06830
Vice President	Richard Zabel	c/o EIMCT LLC 500 West Putnam Avenue Suite 400 Greenwich, CT 06830
Vice President	Zion Shohet	c/o EIMCT LLC 500 West Putnam Avenue Suite 400 Greenwich, CT 06830
Vice President	Joshua Levine	c/o Elliott Capital Advisors, L.P. 31 N. Summer Street P.O. Box 670 Edgartown, MA 02539

Delaware

The First State

Page 1

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



7609788 8300

SR# 20208800201

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204451039

Date: 12-30-20