

Florida Department of State
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: _____

**Foreign Limited Liability Company
Ginsberg Aggregator GP LLC**

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|-----------------------|----------|
| Certificate of Status | 0 |
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Electronic Filing Menu

Corporate Filing Menu

Help

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. Ginsberg Aggregator 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. _____
(FID number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 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)

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 Person | <u>31 N. Summer Street, P.O. Box 670</u> <u>Edgartown, MA 02539</u> | <input type="checkbox"/> Authorized Person | <u>500 West Putnam Avenue, Suite 400</u> <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 Person | <u>500 West Putnam Avenue, Suite 400</u> <u>Greenwich, CT 06830</u> | <input type="checkbox"/> Authorized Person | <u>500 West Putnam Avenue, Suite 400</u> <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: _____ |
| <input type="checkbox"/> Member | Address: <u>c/o EIMCT LLC</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized Person | <u>500 West Putnam Avenue, Suite 400</u> <u>Greenwich, CT 06830</u> | <input type="checkbox"/> Authorized Person | _____ |
| <input checked="" type="checkbox"/> Other <u>Vice President</u> | <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

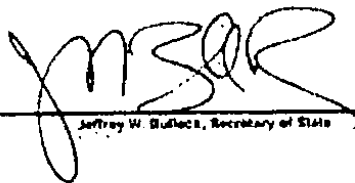
Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GINSBERG AGGREGATOR 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.



Jeffrey W. Bullock, Secretary of State

6642033 8300

SR# 20208800187

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

Authentication: 204451026

Date: 12-30-20