Na100000346

(Reques	stor's Name)			
(Addres	s)			
(Addres	s)			
(City/Sta	ate/Zip/Phone #)			
P.CK-UP	WAIT MAIL			
(Busine:	ss Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing	g Officer			
-				

Office Use Only



900361223659

FILED

2021 MAR -5 PM 4: 47

SECONOMINATE STATE





115 N CALHOLM ST., STE. 4
TALLAHASSEE FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date:	03/05/2021				
	Jennifer Bialowas				
Reference #	1334483	 -			
		AL MANAGEMENT GP,	L.L.C.	_	
_	es of Incorporation/Authorization	on to Transact Business	SCORE A	2021 MAR -	-
	ge of Agent tatement	File first	RY OF STATE	-5 PH 4:47	
☐ Merge					
☐ Fictition	ous Name				
✓ Other	Upon Filing p	olease provide a certified copy			
Authorized A	155.00				

F: 800.944.6607

COVER LETTER

TO:

TO:	Registration Section Division of Corporations
SUBJE	King Street Capital Management GP, L.L.C
SUBJE	Name of Limited Liability Company
The end Existen	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter to the following:
	Legal Department
	Name of Person
	King Street Capital Management, L.P.
	Firm/Company CC 28
•	299 Park Avenue, 40th Floor Address
	Address
	New York, NY 101/1 City/State and Zip Code kslegal@kingstreet.com
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Peter Nachimow 212 812-3113
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration Section
	P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE
	\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\int \text{Certified Copy}\$\$ of Status & Certified Copy

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

COMPANY TO TRANSACT BU	NOW 805.0502, FLORIDA STATOTES, TO SINESS IN THE STATE OF FLORIDA: King Street Capital N Limited Liability Company; must include "L	/lanager	nent GP, I	L.L.C.		
					20 1 C 2 4 95 1	· ·
D	ence adopted for the purpose of transacting business Plaware ich foreign limited liability company is organized)			(FEI number, If a	2021 SEC	·
(Jurisdiction under the law of wi	ien weign immed nabiniy company ia digameed)			(i.e. manaos, ii.e.	PAR - 5	
	(Date first transacted business in Florida, if p (See sections 605 0904 & 605,0905, F.S. to	nior to registration determine penalty l) iability)	_	- 20 20 20 20	
5. 299 Park Ave	enue, 40th Floor	6.	299 Park	Avenue,	40th/Floor	
New York	, NY 10171			ork, NY	L(11	
7. Name and street address	s of Florida registered agent: (P.O.	Dow NOT a	ocentuble)			-
7. Name and street addres	s of Florida registered agent. (F.O.	, Box <u>NOT</u> a	ссершою			
Name:	COGENCY GLO	BALI	IC.			
Office Address:	115 North Calhoun	St. Sui	te 4			
	<u>Tallahass</u>	ee	, Florida	32301 (Zip code)	_	
designated in this applica to comply with the provisi	tance: gistered agent and to accept service tion, I hereby accept the appointm ions of all statutes relative to the pr s of my position as registered agen	ee of process ent as registe roper and co	for the above stored agent and a	nted limited liab igree to act in th ince of my dutie	his capacity. I furt	her agree

Title or Capacity: Manager	Name and Address: Name: Brian J. Higgins Address: 299 Park Avenue, 40th Floor	Title or Capacity: Manager Member	Name and Address: Name: Bruce S. Darringer Address: 299 Park Avenue, 40th Floor
Member	New York, NY 10171	✓ Authorized	New York, NY 10171
⊠Authorized		Person	
Person X Other Managing Managing	fember Other	Other	Other
Manager Member Authorized Person Other	Name:Jay Ryan Address: 299 Park Avenue, 40th Floor New York, NY 10171 Other	☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Name: Randolph A-Stuzin Address: 299 Park Avenue 40th Floor New York, NY 10171
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
indexed individuals 9. Attached is a cer jurisdiction under the translator mu 10. This document	is executed in accordance with section 605.0203 ment to the Department of State constitutes a thi	orida Department of State fully authenticated by the c is in a foreign language (1) (b), Florida Statutes	e Annual Report form. cofficial having custody of records in the control of the certificate under oath a surface of the certificate under oath and a surface of the certificate under oath and a surface of the certificate under oath oath oath oath oath oath oath oath

Typed or printed name of signee

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "KING STREET CAPITAL MANAGEMENT GP,

L.L.C." 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 FOURTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KING STREET

CAPITAL MANAGEMENT GP, L.L.C." WAS FORMED ON THE EIGHTH DAY OF THE DECEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202652388

Date: 03-04-21

4630735 8300 SR# 20210799360