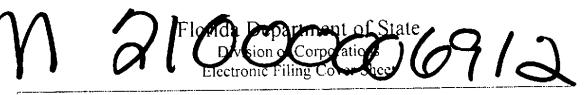
Division of Corporations

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Foreign Limited Liability Company Doonbeg Capital Management LLC

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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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Doonbeg Capital Management ELC

	aute adopted for the purpose of frantacting business in Ho	nda. The alternate nas	ne near metude "Limited Lightity Compa-	ay TLI.C. or TLL	
Defaware		2			
(Jurisdiction trader the last of wh	hich foreign fourted baltility company is organized;	->, <u></u>	/El number of applica	daler	
	(Date first times acted business in Florida it pine to	registration)			
	/Soc sections (1); (**#11 & 705 (**#15, F.S. to determ	the benuity fundable)			
850 Third Ave, 13th F	lonr		nird Ave, 13th Floor		
(Single Address of I	Pancipal Office)		(Mailing Address)		
New York, New York	10022	New York, New York 10022			
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accepta	ble)		
Name and street address Name	ss of Florida registered agent: (P.O. Boy C T Corporation System		ble)	SECRE TALL	
	C T Corporation System		ble)	WAT WE	
Name [.]	C T Corporation System 1200 South Pine Island Road		. Flanda	SECRETARY OF STATE	

uesignaica in ons appacation, i nereoy accept the appointment as registered agent and agree to det 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 designated in this application, I hereby accept the appointment as registered agent and accept the obligations of my position as registered agent.

By:	C T Corporation System	de all	E5/26	Karen Spain Assistant Secretary
-	(Registered age	ent's signature)		

8.	For initial indexing purposes, list names, t	itle or capacity and addresses of the primary members/managers or persons authorize	d to
mai	nage [up to six (6) total]:		

Title or Capacity:	Name and Address:	Title or Capacity	<u>*</u>	Name and Address:
Manager	Name: Spencer Waxman	Manager		
0 ⊠Member	Address: 40 Smannon River Capital Management U10	Member	Address:	
Authorized	850 Third Ave, 13th Floor	Authorized		
Person	New York, NY 10022	Person		
Other	Other	Other		Other
■ Manager	Name:	Managei	Name:	··
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person	<u></u>	
Other	Other	Other	-	Other
■Manager	Name:	Managei	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		<u></u>
Other	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 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 eath 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 a \$17,155, F.S.

/s: Spencer Waxman		
7,3 37,733	Signature of an authorized person	
Spencer Waxman		
	Typed or printed name of signee	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "DOONBEG CAPITAL MANAGEMENT, 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 SEVENTH DAY OF JUNE, A.D. 2021.

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

Authentication: 203380619

Date: 06-07-21