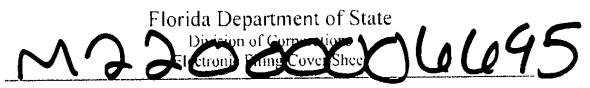
4/28/22, 2:45 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000154463 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 : (614)573-3996 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

	Address.				
ווברת⊣	ANNERSS:				

Foreign Limited Liability Company SegavePO 2 LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

APR 2 9 2022

1/1

59

က်

¥1 Ġ

From: Kaity Toon

2022-04-28 12:47:23 PDT

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 FOREKOVLIMITED LIABILITY COMPANYTOTRANSACTBUSINESS INTHE STATEOFF LORIDA:

	nine adopted for the purpose of transacting business in Flo				
Delaware		3	(FEI number,	<u> </u>	_
(Jurisdiction under the law of wh	nch through limited liability company is organized)		(FEI number,	i eklesifqqe'i	
	(Date first transacted business in Florida, if prior to a				
	(See sections 605 0904 & 605 0905, F.S. to determine	e penalty liab	duyı		
c/o Magnetar Financial	LLC	e/c	Magnetar Financial LLC		
treet Address of Principal Office)		0	(Mailing Addrest)		_
1603 Orrington Avenue, 13th Floor		1603 Orrington Avenue, 13th Floor		Floor	_
Evanston, Illinois 60201		Evanston, IL 60201		202	
Name and street addres	s of Florida registered agent: (P.O. Box)	NOT acce	ptable)	2 APR 28	7
Name:	C T Corporation System			A	([]
Office Address:	1200 South Pine Island Road			1: 0 7	
	Plantation		33324 , Plorida		
(Cuy)			(Zip code)		

and accept the obligations of my position as registered agent.

By:	CT Corporation System	July Jugat	
.,,,	(Registered agent s signo	ture)	

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	<u>:</u>	Name and Address:
LX Manager	Name: Magnetar Financial LLC	_ Manager	Name:	
Member	Address:	☐ Member	Address:	
Authorized	1603 Orrington Avenue, 13th Floor	_ Authried		
Person	Evanston, IL 60201	Person		
[] Other	Other	□ Other		
_ Manager	Name:	∏Manager	Name:	
[] Member	Address:	□Member	Address:	
Authorized		☐ Authorized		
Person		Person		
Other	Other	☐ Other		Other
Manager	Name:	∏Manager	Name:	
Member	Address:	□Member	Address: _	
Authorized		☐ Authorized	-	
Person		Person		
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 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.

مستفراسهم	
OF LODE SEE WHELE	
	Signature of an authorized person
Michael Turro, Chief Com	pliance Officer of Magnetar Financial LLC, manager
	to and are months in a man of turners



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SEGAVEPO 2 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 TWENTY-EIGHTH DAY OF APRIL, A.D. 2022.

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

Authentication: 203297856

Date: 04-28-22