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Account#: I20000000088

Date: 05	/25/2022	
Name:	Merritt Walker	_
	1689743	_
	POLLY	S NEST LLC
	f Incorporation/Authorization	
Amendm	ent	
Change of	of Agent	
☐ Reinstate	ement	
Conversion	on	
☐ Merger		
☐ Dissolutio	on/Withdrawal	
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## COVER LETTER

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TO:

Registration Section Division of Corporations

SUBJECT:	POLLY'S NEST LLC						
	Name of Limited Liability Company						
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cert check are submitted to register the above referenced foreign limited liability company to transact business in						
Please return al	correspondence concerning this matter to the following:						
	Kevin Dibble						
	Name of Person						
	Owl Creek Asset Management, L.P.						
	Firm/Company						
	640 Fifth Ave						
	Address						
	New York, NY 10019						
	City/State and Zip Code						
	kevind@owlcreeklp.com						
	E-mail address: (to be used for future annual report notification)						
For further info	rmation concerning this matter, please call:						
	Kevin Dibble at (646)						
	Name of Contact Person Area Code Daytime Telephone Number						
Divisio Registi P.O. B	ING ADDRESS:STREET ADDRESS:on of CorporationsDivision of Corporationsration SectionRegistration Sectionox 6327Clifton Buildingassee, FL 323142661 Executive Center CircleTallahassee, FL 32301						
Please	ed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE  25.00 Filing Fee \$\Bigsquare \text{\$\Bigsquare}\$\$\$ \$130.00 Filing Fee & \$\Bigsquare \text{\$\Bigsquare}\$\$\$ \$155.00 Filing Fee & \$\Bigsquare \text{\$\Bigsquare}\$\$\$ \$\$\$ \$\$\$ \$160.00 Filing Fee, \$\$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$\$ \$						

## 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	POLLY'S	NEST LLC				
(Name of Foreign Lin	nited Liability Company; must include "Lin	nited Liability Compa	any," "L.I. C.,"	or "LLC.")	-	
[If name unavailable, enter alternate name	adopted for the purpose of transacting business in	Florida The alternate n	ime must include	"Limited Liability Co	мирану," "L. L. C," or "ELC;")	
7	elaware	3				
(Jurisdiction under the law of which	foreign limited hability company is organized)	J		(FEI number, if ap	oplicable)	
4					_	
(Date first transacted business in Floric (See sections 605 0904 & 605 0905, F. 2128 North Bay Road Mianti Beach, FL 33140		(S. to determine penalty liability)		2128 North Bay : Miann Beach, Fl		
5. (Street Address of Princ	epal ()ffice)	6		(Mailing Address)		
					7. 2	
7. Name and street address o	of Florida registered agent: (P.O. B COGENCY GLOBAI		ible)		RAY 25 PH 1: 18	FILEL
Name: _			-		170	<u> </u>
Office Address: _	115 North Calhoun St.	Suite 4			NOP RIDA	
_	Tallahassee		. Florida _	32301		
	(Cny)			(Zip code)	_	
designated in this application to comply with the provision	nce: stered agent and to accept service on the appointment of all statutes relative to the property from position as registered agent.  (Registered agent)	t as registered agoer and complete	gent and agi	ree to act in thi	s capacity. I further a	gree

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: Name and Address: Jeffrey Altman Name: Manager Manager Name: 2128 North Bay Road **⋉**Member ☐ Member Address: Miami Beach, FL 33140 **X** Authorized Authorized Person Person Other Other Other 1 Other Kevin Dibble Manager Name: ∐] Manager Address: 640 Fifth Ave; 20th Floo Member | | Member New York, NY 10019 ■ Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_ Other ∐Manager | Manager Manager Name: \_\_\_\_ Address: Address: [\_] Member Authorized Authorized Person Person \_\_Other\_\_ Other Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Kevin Dibble

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "POLLY'S NEST 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-FIFTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "POLLY'S NEST LLC" WAS FORMED ON THE NINETEENTH DAY OF MAY, A.D. 2022.

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





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SR# 20222306374

Authentication: 203517921

Date: 05-25-22