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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone : (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.\*\*

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|       |          |  |  |  |

## Foreign Limited Liability Company Citadel Finance LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
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| Estimated Charge      | \$155.00 |

S. FRANKLIN

JUL 2 1 2022

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

IN COMPLIANCE WITH SECTION 605/002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED DABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

|   | ne adopted for the purpose of transacting business in FI       | onda The at    | ernate name must melode "Limited Liability Company," "L.L.C."   | or "LtC" |  |
|---|--|----------------|---|----------|--|
| Delaware  Ourselection under the law of whi   | ch foreign limited liability company is organized)             | 3              | (Et.Lnumber, if applicable)   | _        |  |
|   | (Date first transacted business in Horida, if prior to         |                |   |          |  |
|   | (See sections 605 9904 & 605 0905, F.S. to determine           | ne penalty li. | thitry)   |          |  |
| Southeast Financial Center  freet Address of Principal Office)  200 S. Biscayne Blvd., Suite 3300 |  |                | C/o Citadel Enterprise Americas LLC  (Mading Address)  Southeast Financial Center 200 S. Biscayne Blvd., Suite 3300 |          |  |
|   |  |                |   |          |  |
|   |  |                | · · · · · · · · · · · · · · · · · · ·   | ڊب       |  |
| Name and street address   | of Florida registered agent: (P.O. Box                         | <u>NOT</u> ac  | ceptanie)   | : 27     |  |
| Name and street address Name:   | of Florida registered agent: (P.O. Box  C.T Corporation System | <u>NOT</u> ac  |   | : 21     |  |
|   |  | <u>NOT</u> ac  |   | : 21     |  |
| Name:   | C.T Corporation System   | <u>NOT</u> ac  |   | : 27     |  |

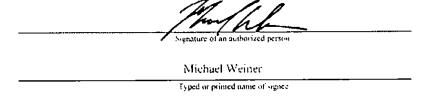
(Registered agent's signature)

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]:

| Title or Capacity: | Name and Address:                   | Title or Capacity: | Name and Address: |
|--------------------|-------------------------------------|--------------------|-------------------|
| X Manager          | Name: Citadel Advisors LLC          | □Manager           | Name:             |
| Member             | Address: Southeast Financial Center | _ Member           | Address:          |
| □Authorized        | 200 S. Biscayne Blvd., Suite 3300   | □Authorized        |                   |
| Person             | Miami, FL 33131                     | Person             |                   |
| ☐ Other            | Other                               | □ Other            | Other             |
|                    |                                     |                    |                   |
| □Manager           | Name:                               | □Manager           | Name:             |
| □Member            | Address:                            | □Member            | Address:          |
| □Authorized        |                                     | ☐ Authorized       | -                 |
| Person             |                                     | Person             |                   |
| □Other             | Other                               | Other              |                   |
|                    |                                     |                    | ć<br>i            |
| □Manager           | Name:                               | ☐ Manager          | Name: 2           |
| □Member            | Address:                            | □Member            | Address:          |
| ☐Authorized        |                                     | ☐ Authorized       | . <u> </u>        |
| 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 Plorida 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.





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

DELAWARE, DO HEREBY CERTIFY "CITADEL FINANCE 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 TWENTIETH DAY OF JULY, A.D. 2022.

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



Authentication: 203963453

Date: 07-20-22

4518784 8300 SR# 20223038644