

8/31/22, 11:57 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : GREENBERG TRAUIG (ORLANDO)  
Account Number : 103731001374  
Phone : (407)418-2435  
Fax Number : (407)420-5909

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

Email Address: fwolfe@ark-invest.com

Foreign Limited Liability Company  
ARK Investment Management LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

S. FRANKLIN

SEP 1 - 2022

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**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. Ark Investment Management LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

46-4309299

3.

(F.L. number, if applicable)

Upon qualification

4.

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

200 Central Ave., Suite 1850

5.

(Street Address of Principal Office)

SAME

6.

(Mailing Address)

St. Petersburg, FL 33701

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

C T Corporation System

Office Address:

1200 South Pine Island Road

Plantation

(City)

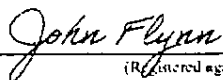
Florida

33324

(Zip code)

**Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act 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 and accept the obligations of my position as registered agent.



John Flynn, Assistant Secretary

(Registered agent's signature)

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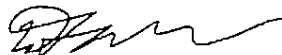
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Catherine Wood	<input type="checkbox"/> Manager	Name: Paul Wilson
<input type="checkbox"/> Member	Address: 200 Central Ave.	<input type="checkbox"/> Member	Address: 200 Central Ave.
<input type="checkbox"/> Authorized	Suite 1850	<input type="checkbox"/> Authorized	Suite 1850
Person	St. Petersburg, FL 33701	Person	St. Petersburg, FL 33701
<input checked="" type="checkbox"/> Other CEO/CIO	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other CFO	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Tom Staudt	<input type="checkbox"/> Manager	Name: Kellen Carter
<input type="checkbox"/> Member	Address: 200 Central Ave.	<input type="checkbox"/> Member	Address: 200 Central Ave.
<input type="checkbox"/> Authorized	Suite 1850	<input type="checkbox"/> Authorized	Suite 1850
Person	St. Petersburg, FL 33701	Person	St. Petersburg, FL 33701
<input checked="" type="checkbox"/> Other COO	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other CCO	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Forest Wolfe	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 200 Central Ave.	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Suite 1850	<input type="checkbox"/> Authorized	
Person	St. Petersburg, FL 33701	Person	
<input checked="" type="checkbox"/> Other GC	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.



Signature of an authorized person

Forest Wolfe

Typed or printed name of signer

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "ARK INVESTMENT 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 THIRTY-FIRST DAY OF AUGUST, A.D. 2022.

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

2022-08-31 PM 4:12



5347189 8300

SR# 20223409314

You may verify this certificate online at [corp.delaware.gov/authver.sh:ml](http://corp.delaware.gov/authver.sh:ml)A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204289729

Date: 08-31-22

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