

9/15/22, 12:15 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: _____

Foreign Limited Liability Company Elliott Metron Aggregator GP LLC

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

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Corporate Filing Menu

Help

S. ROBERTS

SEP 15 2022

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. Elliott Metron Aggregator GP LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

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

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

3. _____
(FLL number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. c/o Elliott Investment Management L.P.
(Street Address of Principal Office)

6. c/o Elliott Investment Management L.P.
(Mailing Address)

360 S. Rosemary Ave. 18th Floor

360 S. Rosemary Ave. 18th Floor

West Palm Beach, FL 33401

West Palm Beach, FL 33401

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, Florida 33324
(City) (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.

By: C T Corporation System
Katherine Schneider, Asst. Secretary
(Registered agent's signature)

Katherine Schneider

2022 SEP 15 AM 11:21
FILED

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 checked="" type="checkbox"/> Manager	Name: <u>Elliott Advisors Holdings LLC</u>	<input type="checkbox"/> Manager	Name: <u>Paul E. Singer</u>
<input checked="" type="checkbox"/> Member	Address: <u>c/o Elliott Investment Management L.P.</u>	<input type="checkbox"/> Member	Address: <u>c/o Elliott Investment Management L.P.</u>
<input type="checkbox"/> Authorized	<u>360 S. Rosemary Ave, 18th Floor</u>	<input type="checkbox"/> Authorized	<u>360 S. Rosemary Ave, 18th Floor</u>
Person	<u>West Palm Beach, FL 33401</u>	Person	<u>West Palm Beach, FL 33401</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Jean-Yves Mignan</u>	<input type="checkbox"/> Manager	Name: <u>Elliot Greenberg</u>
<input type="checkbox"/> Member	Address: <u>c/o EIMCT LLC</u>	<input type="checkbox"/> Member	Address: <u>c/o EIMCT LLC</u>
<input type="checkbox"/> Authorized	<u>600 Steamboat Road, 3rd Floor</u>	<input type="checkbox"/> Authorized	<u>600 Steamboat Road, 3rd Floor</u>
Person	<u>Greenwich, CT 06830</u>	Person	<u>Greenwich, CT 06830</u>
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Manda D'Agata</u>	<input type="checkbox"/> Manager	Name: <u>Srikrishnan Rajan</u>
<input type="checkbox"/> Member	Address: <u>c/o EIMCT LLC</u>	<input type="checkbox"/> Member	Address: <u>c/o EIMCT LLC</u>
<input type="checkbox"/> Authorized	<u>600 Steamboat Road, 3rd Floor</u>	<input type="checkbox"/> Authorized	<u>600 Steamboat Road, 3rd Floor</u>
Person	<u>Greenwich, CT 06830</u>	Person	<u>Greenwich, CT 06830</u>
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<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.

/s/ Elliot Greenberg

Signature of an authorized person

Elliot Greenberg

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELLIOTT METRON AGGREGATOR GP 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2022.

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



7019015 8300

SR# 20223531379

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBullock", 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: 204399727

Date: 09-15-22