

M22000019187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

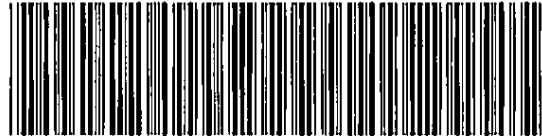
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 DEC 20 PM 4:32

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DEC 28 2022
K. Brumley

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 12/28/2022

Acc#120160000072

en: c D/W

| | |
|-------------|--------------------------|
| Name: | Neptune Parent Topco LLC |
| Document #: | |
| Order #: | 14699062 |

| | | | |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | |
| Plain Copy: | <input type="checkbox"/> | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | |
| Certified Copy of | <input type="checkbox"/> | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: | |
| | | Number of Certs: | |

| | |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
| | Plain: <input type="checkbox"/> |
| | COGS: <input type="checkbox"/> |

Email Address for Annual Report Notifications:

daniel.webb@nielsen.com

| |
|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ 155.00

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Neptune Parent Topco LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Daniel Webb
Name of Person

The Nielsen Company
Firm/Company

501 Brooker Creek BLVD
Address

Oldsmar, FL 34677
City/State and Zip Code

daniel.webb@nielsen.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Webb at (689) 226-8639
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 095.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Neptune Parent Topeco 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/25/2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 360 S. Rosemary Ave., 18th Floor 6. 360 S. Rosemary Ave., 18th Floor
(Street Address of Principal Office) (Mailing Address)

c/o Elliott Investment Management L.P. c/o Elliott Investment Management L.P.

West Palm Beach, Florida 33401, USA West Palm Beach, Florida 33401, USA

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.

C T Corporation System

(Registered agent's signature)

Stephanie Hencz
Stephanie Hencz Assistant Secretary

APPROVED
AND
FILED
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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: <u>Elliot Greenberg</u> | <input checked="" type="checkbox"/> Manager | Name: <u>Isaac Kim</u> |
| <input 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 checked="" 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, Florida 33401</u> | Person | <u>West Palm Beach, Florida 33401</u> |
| <input checked="" type="checkbox"/> Other <u>Vice President</u> | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | | | |
| <input checked="" type="checkbox"/> Manager | Name: <u>Marc Steinberg</u> | <input checked="" type="checkbox"/> Manager | Name: <u>Chris Hsu</u> |
| <input 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, Florida 33401</u> | Person | <u>West Palm Beach, Florida 33401</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | | | |
| <input checked="" type="checkbox"/> Manager | Name: <u>David Kerko</u> | <input checked="" type="checkbox"/> Manager | Name: <u>Ron Bloom</u> |
| <input 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, Florida 33401</u> | Person | <u>West Palm Beach, Florida 33401</u> |
| <input type="checkbox"/> Other _____ | <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.

/s/ Elliot Greenberg

Signature of an authorized person

Elliot Greenberg

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEPTUNE PARENT TOPCO 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 DECEMBER, A.D. 2022.

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



6995158 8300

SR# 20224388827

You may verify this certificate online at corp.delaware.gov/authver.shtml

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.

Authentication: 205200362

Date: 12-28-22