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Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : C T CORPORATION SYSTEM
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Phone : (614)280-3338
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Email Address: tricia.lovas@point72.com

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 MAR 29 PM 12:09

Foreign Limited Liability Company
CUBIST SYSTEMATIC STRATEGIES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$793.75

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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Cubist Systematic Strategies, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. August 7, 2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)

5. 55 Hudson Yards 6. c/o Point72 Asset Management, L.P.
(Street Address of Principal Office) (Mailing Address)
New York, New York 10001 72 Cummings Point Road
Stamford, CT 06962

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 33324
(City) (Zip code)
Florida

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: Sandra Zwijack, Assistant Secretary *Sandra Zwijack*
(Registered agent's signature)

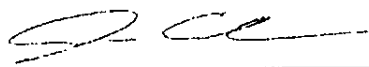
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total].

<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>Jason Colombo</u>	<input type="checkbox"/> Manager	Name: <u>Anthony Paquette</u>
<input type="checkbox"/> Member	Address: <u>72 Cummings Point Road</u>	<input type="checkbox"/> Member	Address: <u>72 Cummings Point Road</u>
<input checked="" type="checkbox"/> Authorized	<u>Stamford, CT 06902</u>	<input type="checkbox"/> Authorized	<u>Stamford, CT 06902</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input checked="" type="checkbox"/> Other <u>CFO</u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>Vincent Tortorella</u>	<input type="checkbox"/> Manager	Name: <u>Gavin O'Connor</u>
<input type="checkbox"/> Member	Address: <u>72 Cummings Point Road</u>	<input type="checkbox"/> Member	Address: <u>72 Cummings Point Road</u>
<input type="checkbox"/> Authorized	<u>Stamford, CT 06902</u>	<input type="checkbox"/> Authorized	<u>Stamford, CT 06902</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>General Counsel</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>CCO</u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>Point72 Asset Management, L.P.</u>	<input type="checkbox"/> Manager	Name: <u>Denis Dancanet</u>
<input checked="" type="checkbox"/> Member	Address: <u>72 Cummings Point Road</u>	<input type="checkbox"/> Member	Address: <u>55 Hudson Yards</u>
<input type="checkbox"/> Authorized	<u>Stamford, CT 06902</u>	<input type="checkbox"/> Authorized	<u>New York, New York 10001</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other <u></u>

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 5.817.155, F.S.



 Signature of an authorized person

Jason Colombo

 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 "CUBIST SYSTEMATIC STRATEGIES, 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 MARCH, A.D. 2024.

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



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SR# 20241205982

You may verify this certificate online at corp.delaware.gov/authver.shtml
Jeffrey W. Bullock, Secretary of State

Authentication: 203134327

Date: 03-28-24