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## Secretary of State Application for Registration Foreign Limited Partnership (LP)

P

LP-5

For Office Use Only

## -FILED-

File No.: 202565204164 Date Filed: 12/31/2024

Foreign Certificate of Good Standing is required.

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

Note: Registered LPs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <a href="https://www.ftb.ca.gov/">https://www.ftb.ca.gov/</a>

Above Space For Office Use Only

1. Name of Foreign LP (Only enter an alternate name if the foreign L	P name in Item 1a is not avail	able in CA.)			
1a. Enter the Exact Name of the Foreign LP (as listed on the Certificate of Good Standing.)	1b. Enter the Alternate f	1b. Enter the Alternate Name to be Used in California, if required			
Sprott Hathaway Special Situations Fund, LP					
2. LP Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Good Standing.	)			
Jurisdiction (State, foreign country or place where this LP is formed.)	·				
De	laware				
3. Business Addresses (Enter the complete business addresses.	Items 3a and 3b cannot be a	P.O. Box or "in care	of" an indi	ividual or entity.)	
a Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
320 Post Road, Suite 230	Darien		СТ	06820	
b. Mailing Address of Principal Office, if different than item 3a	City (no abbreviations)		State	Zip Code	
c. Address of required office in Jurisdiction of Formation, if any	City (no abbreviations)		State	Zip Code	
4. Service of Process (Must provide either Individual OR Corporati	ion.)	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>	
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's t		address.			
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name		Suffix	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)		State CA	Zip Code	
CORPORATION - Complete Item 4c only. Only include the name of t	he registered agent Corporation	on.	<u>'</u>		
c California Registered Corporate Agent's Name (if agent is a corporation) - Do	not complete Item 4a or 4b				
Corporation Service Company which will do busines	s in California as CSC -	Lawyers Incom	orating S	Service	
5. General Partners (Enter the name and addresses of all the General	ral Partners. Attach additional	pages, if necessar	y.)		
5a. General Partner's Name					
Sprott US	GenPar LLC				
5b. General Partner's Address	City (no abbreviations)	City (no abbreviations)		Zip Code	
1910 Palomar Point Way, Suite 200	Carlsbad		CA	92008	
6. Foreign Limited Liability Limited Partnership (Check this	s box only if applicable)				
Check this box if the foreign limited partnership is a foreign limited	ted liability limited partners	híp.		_	
All attachments are part of this document. I declare that I am deed. I further declare the information is true and correct, an			which is	my act and	
A STATE OF THE PROPERTY OF THE AND CONTROL, AND	•	Brandon Hamada, Member of Sprott US GenPar LLC, its General Partner			
General Partner's Signature	Type or Print	Type or Print Name			

## <u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "SPROTT HATHAWAY SPECIAL SITUATIONS

FUND, LP" 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-THIRD DAY OF

DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPROTT HATHAWAY SPECIAL SITUATIONS FUND, LP" WAS FORMED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2018.

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

7146115 8300 SR# 20244585877

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

Authentication: 205212283

Date: 12-23-24