

**FILE COPY**



**CERTIFICATE OF INCORPORATION  
OF A  
LIMITED LIABILITY PARTNERSHIP**

Partnership No. **OC426511**

The Registrar of Companies for England and Wales, hereby certifies that

**BAIN CAPITAL DISTRESSED AND SPECIAL SITUATIONS 2019  
INVESTORS (F-EU), LLP**

is this day incorporated under the Limited Liability Partnerships Act 2000 as a limited liability partnership, that the partnership is limited, and the situation of its registered office is in England and Wales

Given at Companies House, Cardiff, on **21st March 2019**



\* NOC4265116 \*



**Companies House**



**THE OFFICIAL SEAL OF THE  
REGISTRAR OF COMPANIES**



Companies House

**LLIN01**(ef)

Application to register an LLP



Received for filing in Electronic Format on the: **21/03/2019**

X81PCNLN

*LLP name in full:* **BAIN CAPITAL DISTRESSED AND SPECIAL SITUATIONS 2019 INVESTORS (F-EU), LLP**

*Company Type:* **Limited Liability Partnership**

*Situation of Registered Office:* **England and Wales**

*Proposed Registered Office Address:* **7TH FLOOR DEVONSHIRE HOUSE 1 MAYFAIR PLACE  
LONDON  
ENGLAND W1J 8AJ**

*At least two members named must be designated*

## *LLP Members*

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*Type:* **Corporate**

*Name:* **BAIN CAPITAL DISTRESSED AND SPECIAL SITUATIONS 2019  
INVESTORS, LLC**

*Registered or principal  
address:* **MAPLES CORPORATE SERVICES LIMITED PO BOX 309  
UGLAND HOUSE  
GRAND CAYMAN  
CAYMAN ISLANDS KY1-1104**

**Non European Economic Area (EEA) LLP**

*Legal Form:* **LIMITED LIABILITY**

*Law Governed:* **CAYMAN ISLANDS**

*Register Location:* **CAYMAN ISLANDS**

*Registration Number:* **1897**

Appointment is for a Designated Member

The members confirm that the person named has consented to act as a designated member

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*Type:* **Corporate**

*Name:* **BAIN CAPITAL DISTRESSED AND SPECIAL SITUATIONS 2019 PARTNERS, L.P.**

*Registered or principal address:* **MAPLES CORPORATE SERVICES LIMITED PO BOX 309  
UGLAND HOUSE  
GRAND CAYMAN  
CAYMAN ISLANDS KY1-1104**

**Non European Economic Area (EEA) LLP**

*Legal Form:* **EXEMPTED LIMITED**

*Law Governed:* **CAYMAN ISLANDS**

*Register Location:* **CAYMAN ISLANDS**

*Registration Number:* **100055**

Appointment is for a Designated Member  
The members confirm that the person named has consented to act as a designated member

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## *Persons with Significant Control (PSC)*

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### **Statement of initial significant control**

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**On incorporation, there will be someone who will count as a Person with Significant Control (either a registerable person or relevant legal entity (RLE)) in relation to the LLP**

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## *Individual Person with Significant Control details*

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*Names:* **JONATHAN LAVINE**

*Country/State Usually Resident:* **UNITED STATES**

*Date of Birth:* **\*\*/05/1966** *Nationality:* **AMERICAN**

*Service Address:* **BAIN CAPITAL CREDIT, L.P. 200 CLARENDON  
STREET  
BOSTON  
MASSACHUSETTS  
UNITED STATES  
02116**

*The subscribers confirm that each person named as an individual PSC in this application knows that their particulars are being supplied as part of this application.*

*Nature of control*

**The person has the right to exercise, or actually exercises, significant influence or control over the LLP.**

## *Individual Person with Significant Control details*

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*Names:* **MICHAEL EWALD**

*Country/State Usually Resident:* **UNITED STATES**

*Date of Birth:* **\*\*/10/1972** *Nationality:* **AMERICAN**

*Service Address:* **C/O BAIN CAPITAL CREDIT, L.P. 200 CLARENDON STREET  
BOSTON  
MASSACHUSETTS  
UNITED STATES  
02116**

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*Nature of control*

**The person has the right to exercise, or actually exercises, significant influence or control over the LLP.**

## *Individual Person with Significant Control details*

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*Names:* **SALLY DORNAUS**

*Country/State Usually Resident:* **UNITED STATES**

*Date of Birth:* **\*\*/05/1973** *Nationality:* **AMERICAN**

*Service Address:* **C/O BAIN CAPITAL CREDIT, L.P. 200 CLARENDON  
STREET  
BOSTON  
MASSACHUSETTS  
UNITED STATES  
02116**

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*Nature of control*

**The person has the right to exercise, or actually exercises, significant influence or control over the LLP.**

## *Individual Person with Significant Control details*

---

*Names:* **JEFFREY HAWKINS**

*Country/State Usually Resident:* **UNITED STATES**

*Date of Birth:* **\*\*/09/1969** *Nationality:* **AMERICAN**

*Service Address:* **C/O BAIN CAPITAL CREDIT, L.P. 200 CLARENDON STREET  
BOSTON  
MASSACHUSETTS  
UNITED STATES  
02116**

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*Nature of control*

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## *Individual Person with Significant Control details*

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*Names:* **JAMES KELLOGG III**

*Country/State Usually Resident:* **UNITED STATES**

*Date of Birth:* **\*\*/01/1967** *Nationality:* **AMERICAN**

*Service Address:* **C/O BAIN CAPITAL CREDIT, L.P. 200 CLARENDON  
STREET  
BOSTON  
MASSACHUSETTS  
UNITED STATES  
02116**

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*Nature of control*

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## *Individual Person with Significant Control details*

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*Names:* **CHRISTOPHER LINNEMAN**

*Country/State Usually Resident:* **UNITED STATES**

*Date of Birth:* **\*\*/08/1959** *Nationality:* **AMERICAN**

*Service Address:* **C/O BAIN CAPITAL CREDIT, L.P. 200 CLARENDON STREET  
BOSTON  
CONNECTICUT  
UNITED STATES  
02116**

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*Nature of control*

**The person has the right to exercise, or actually exercises, significant influence or control over the LLP.**

## *Individual Person with Significant Control details*

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*Names:* **JEFFREY MICHAEL ROBINSON**

*Country/State Usually Resident:* **UNITED STATES**

*Date of Birth:* **\*\*/10/1969** *Nationality:* **AMERICAN**

*Service Address:* **C/O BAIN CAPITAL CREDIT, L.P. 200 CLARENDON  
STREET  
BOSTON  
MASSACHUSETTS  
UNITED STATES  
02116**

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*Nature of control*

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## *Individual Person with Significant Control details*

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*Names:* **KATHLEEN ROCKEY**

*Country/State Usually Resident:* **UNITED STATES**

*Date of Birth:* **\*\*/01/1963** *Nationality:* **AMERICAN**

*Service Address:* **C/O BAIN CAPITAL CREDIT, L.P. 200 CLARENDON STREET  
BOSTON  
MASSACHUSETTS  
UNITED STATES  
02116**

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## *Individual Person with Significant Control details*

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*Names:* **STEPHANIE WALSH**

*Country/State Usually Resident:* **UNITED STATES**

*Date of Birth:* **\*\*/03/1984** *Nationality:* **AMERICAN**

*Service Address:* **C/O BAIN CAPITAL CREDIT, L.P. 200 CLARENDON  
STREET  
BOSTON  
MASSACHUSETTS  
UNITED STATES  
02116**

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*Nature of control*

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## *Individual Person with Significant Control details*

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*Names:* **VIVA HYATT**

*Country/State Usually Resident:* **UNITED STATES**

*Date of Birth:* **\*\*/01/1973** *Nationality:* **AMERICAN**

*Service Address:* **C/O BAIN CAPITAL CREDIT, L.P. 200 CLARENDON STREET  
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UNITED STATES  
02116**

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*Nature of control*

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## *Statement of Compliance*

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*I confirm the requirements of the Companies Act 2006 as to registration have been complied with.*

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## **Authorisation**

*Authoriser Designation:* **member**

*Authenticated* **YES**

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