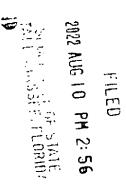
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO:

Registration Section

| Name of Limited Liability Company | | | | |
|--|---|--|--|--|
| enclosed " stence, and | Application by Foreign Limited Liability C check are submitted to register the above r | Company for Authorization to Transact Business in Florida," Certifical eferenced foreign limited liability company to transact business in Flo | | |
| ase return a | Il correspondence concerning this matter to | the following: | | |
| | Victor Recondo | | | |
| | Name of Person | | | |
| | Solomon, Cooperman, Recondo & Weiss, LLP | | | |
| | Firm/Company | | | |
| | 1101 Brickell Avenue, Suite N1101 | | | |
| | | Address | | |
| | Miami, 33131 | | | |
| | | ity/State and Zip Code | | |
| | victor@sfllp.com | | | |
| | E-mail address: (to be | used for future annual report notification) | | |
| further inf | formation concerning this matter, please cal | T: | | |
| Victor Recondo | | 786 441-5563 | | |
| | Name of Contact Person | at () Area Code Daytime Telephone Number | | |
| Mailing Address: Registration Section | | Street Address: Registration Section | | |
| Division of Corporations P.O. Box 6327 | | Division of Corporations The Centre of Tallahassee | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |
| Pleas | osed is a check for the following amount: se make check payable to: FLORIDA DEF (25.00 Filing Fee | e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificat | | |

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

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TOTRANSACT BUSINESS IN THE SEATE OF FLORIDA.

| 1. Blue Stream Infrastruct | ture Holdings, LLC Limited Liability Company; must include "Limit | |
|--|---|---|
| (Name of Foreign | Limited Liability Company; must include "Limit | ted Liability Company, "L.L.C.," or "LLC.") |
| (It name unavailable, enter alternate r | name adopted for the purpose of transacting business in | Florida. The alternate name must include "Limited Liability Company," "Lil.C," or "LLC. |
| Delaware | | N/A |
| 2. (Jurisdiction under the law of w | hich foreign limited liability company is organized) | 3(FEI number, it applicable) |
| 4. <u> </u> | | |
| | (Date first transacted business in Florida, if prior in (See sections 605 0904 & 605 0905, F.S. to deter- | nu registration) runne penalty liability) |
| Blue Stream Infrastrue | eture Holdings, LLC | Blue Stream Infrastructure Holdings, LLC |
| 5. (Street Address of Principal Office) | | Blue Stream Infrastructure Holdings, LLC (Mailing Address) |
| 12409 N.W. 35th Stree | et | 12409 N.W. 35th Street |
| Coral Springs, FL 3300 | 65 | Coral Springs, FL 33065 |
| 7. Name and <u>street addres</u> | ss of Florida registered agent: (P.O. Bo | veiss, LLP Veiss, LLP |
| Name: | Solomon, Cooperman, Recondo & W | Veiss, LLP |
| Office Address: | 1101 Brickell Avenue, Suite N1101 | 2: 56 Profession |
| | Miami | 33131 |
| | (City) | , Florida (Zη code) |
| designated in this applica to comply with the provise | egistered agentland to accept service of ation, I hereby ageept the appointment | f process for the above stated limited liability company at the plot as registered agent and agree to act in this capacity. I further the er and complete performance of my duties, and I am familiar where the er and complete performance of my duties. |

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]:

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------|---------------------------------|--------------------|---------------------------------|
| □Manager | Name: Joseph Canavan | □Manager | Name: Myron Reising |
| □Member | Address: 12409 N.W. 35th Street | □Member | Address: 12409 N.W. 35th Street |
| ■Authorized | Coral Springs, FL 33065 | ■Authorized | Coral Springs, FL 33065 |
| Person | | Person | |
| □Other | Other | □Other | Other |
| □Manager | David Smolen Name: | □Manager | Name: |
| □Member | Address: 12409 N.W. 35th Street | □Member | Address: 12409 N.W. 35th Street |
| ■Authorized | Coral Springs, FL 33065 | ■Authorized | Coral Springs, FL 33065 |
| Person | | Person | |
| □Other | Other | □Other | Other |
| □Manager | Name: | ☐Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | |
| Person | | Person | |
| □Other | Other | □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.

| DocuSigned by | | |
|---------------|-----------------------------------|--|
| Myron Reising | | |
| | Signature of an authorized person | |

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "BLUE STREAM INFRASTRUCTURE HOLDINGS,

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-NINTH DAY OF JULY, A.D. 2022.

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



Jeffrey W. Bullocs, Secretary of State