

8/23/2021

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet
B210000376

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(((H21000316490 3)))



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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (514)280-3338
 Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA/FOREIGN LP/LLLP
Proterra Investment Partners LP

| | |
|-----------------------|------------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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| Estimated Charge | \$1,052.50 |

2021 AUG 24 AM 8:45

TALLAHASSEE, FLORIDA

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2 OF 2, DO NOT REJECT. FILE SECOND WITH H21000316483 3 FIRST

DocuSign Envelope ID: 2CAB0E8D-FF6C-4989-8383-9A6BED975170

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. Proterra Investment Partners LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware

State or Country of Formation

3. September 25, 2015

Date of Formation

4. Federal Employer Identification Number 35-26763115. Name of Registered Agent for Service of Process and Florida Street Address:C T Corporation System1200 South Pine Island RoadPlantation, Florida 33324

6. 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:

C T Corporation SystemSandra Zwijsack

Signature of Registered Agent Assistant Secretary

7. Principal Office:Proterra Investment Partners LP33 South Sixth Street, Suite 4100Minneapolis, MN 554028. Mailing Address:Proterra Investment Partners LP33 South Sixth Street, Suite 4100Minneapolis, MN 554029. If limited partnership is a limited liability limited partnership, check box ☐10. Name, principal office address, and mailing address of each general partner:Name of General Partner: Proterra Investment Partners LLC

Name of General Partner: _____

Street Address: 33 South Sixth Street, Suite 4100

Street Address: _____

Minneapolis, MN 55402Mailing Address: 33 South Sixth Street, Suite 4100

Mailing Address: _____

Minneapolis, MN 55402

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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Name of General Partner: _____ Name of General Partner: _____

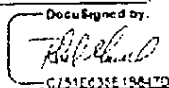
Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)**Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records*

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 23 day of August, 2021
DocuSigned by:
C/151E025E19B417DRich Cammell, Managing Member,
Proterra Investment Partners LLC

Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

| | |
|-----------------------------------|---|
| Filing Fees: | \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) |
| Certified Copy (optional): | \$52.50 |
| Certificate of Status (optional): | \$8.75 |

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROTERRA INVESTMENT PARTNERS 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 AUGUST, A.D. 2021.

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



5833828 8300

SR# 20213048105

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203981088

Date: 08-23-21