(Requestor's Name)						
(Address)						
(Ad	dress)	<u>-</u>				
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

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115 N CALHOUN ST., STE. 4 TALLAHASSEE. FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	06/29/2022						
Name:	Greg Pintacuda	_					
Reference	e #: <b>1718198</b>	_					
	me: AROSA CAPITA	L MANAGEMENT LP					
✓ Arti	icles of Incorporation/Authorization	to Transact Business					
☐ Am	endment						
☐ Cha	ange of Agent						
☐ Rei	instatement						
Co	Conversion						
□ Ме	rger						
☐ Dis	solution/Withdrawal						
☐ Fic	titious Name						
<b>✓</b> Oth	nerPlease provid	e certified copy after filing					
Authorized	d Amount: \$1,052.50						
Signature	HAM.						

F: 800.944.6607

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

Arosa Capital	Management LP
Acceptable Limited Partnership suffixes: Limited Partne	bility Limited Partnership, which must include suffix) rship, Limited, L.P., LP, or Ltd. : Limited Liability Limited Partnership, L.L.L.P. or LLLP.
	nership or limited liability limited partnership proposes to register to transact rida; must contain acceptable suffix.
2. Delaware	3. 08/28/2013
State or Country of Formation	Date of Formation
4. Federal Employer Identification Number	80-0948256
5. Name of Registered Agent for Service of Process an COGENCY GLOBAL INC.	d Florida Street Address:
115 North Calhoun Street, Suite 4	
Tallahassee, Florida 32301	
of all statutes relative to the proper and complete perf my position as registered agent. /S/ Jacqueline	nd agree to act in this capacity. I further agree to comply with the provisions ormance of my duties, and I am familiar with and accept the obligations of Almeida  Ture of Registered Agent
7. Principal Office:	8. Mailing Address:
550 West 34th Street, Suite 2800	550 West 34th Street, Suite 2800 9
New York, NY 10001	New York, NY 10001 500 65
9. If limited partnership is a limited liability limited p	
Name of General Partner: Arosa Capital Managemen	nt GP LLC_Name of General Partner:
	te 2800 Street Address:
New York, NY 1000	
<del> </del>	te 2800 Mailing Address:
New York, NY 1000	)1
<del></del>	
Name of General Partner;	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:

Name of Gener	al Partner:			Name o	General Part	tner:
Street Address:				Street A	ddress:	
Mailing Addres	SS:			— Mailing	Address:	
(Effective date cam	<i>not be prior to</i> serted in this	o nor more that block does not	meet the applicable	date this do	cument is filed	d by the Florida Department of State.) nents, this date will not be listed as the
	t of State, by	the Secretary o				the delivery of this application to the e entity's records in the jurisdiction under
Signed this	24th	day of	June	,20	22	
			DK1	Authorize	d Person	on behalf of the General Partner, AROSA CAPITAL MANAGEMENT GP LL
			Signature o	f a general	partner	<del></del>
_	-					lividual 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

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Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AROSA CAPITAL MANAGEMENT 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-FOURTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AROSA CAPITAL MANAGEMENT LP" WAS FORMED ON THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2013.

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

Authentication: 203761556

Date: 06-24-22