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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GEOFFREY M. WAYNE, P.A.

Account Number : 076770003401 : (305)381-8108 Phone

: (305)381-8109 Fax Number

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

		i i (Regoet apvepart ap
Email	Address:	

FOREIGN PROFIT/NONPROFIT CORPORATION OHL INFRASTRUCTURE, INC.

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S. ROBERTS

APR - 1 2022

COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	OHL INFRASTRUCTURE,	INC.		
SCIMBET.	Name	of corporation - m	ust include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to t	of Good Standing	g" and check are submit	dusiness in Florida," ted to register the
Please return	all correspondence concern	ing this matter to	the following:	
Cindy E. Cald	eron			
		Name of Pen	son	
Geoffrey M. V	Vayne, P.A.			
		Firm/Compar	ıy	
135 San Lorer	nzo Ave., PH 840			
		Address		
Coral Gables,	FL 33146			
	· · · · · · · · · · · · · · · · · · ·	City/State and	Zip code	
cc@abogadon				
	E-mail addres	s: (to be used for	future annual report not	fication)
For further in	formation concerning this r	natter, please call		
Cindy E. Cald	leron	at ()	381-8108	
Nam	ne of Person	Area Code	Daytime Telephor	ne Number
Regi Divis The (2415	EET/COURIER ADDRESS stration Section sion of Corporations Centre of Tallahassee in Monroe Street, Suite 81 thassee, FL 32303		MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassec, FL	tion orations
Enclosed is a Please make c	heck for the following an heck payable to: FLORIDA I ling Fee S78.75 Fili Certificate	DEPARTMENT O	F STATE 78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transact	ing business in Florida)
Delaware	3. 14	-1970994	
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
05/24/2006	5.		
(Date	of incorporation)	(Date of duration, if other	than perpetual)
Has not and wil	l not transact business in Florida prior to registration	on.	
. 26-15 ULMER S	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, TREET COLLEGE POINT, NY 11354	F.S., to determine penalty liab	ility)
·	(Principal office	street address)	
	(Current mailing a	ddress, if different)	
	(Current mailing a	ddress, if different)	
. Name and stre	(Current mailing a ct address of Florida registered agent: (P.O. E	·	s 2
	` `	Box NOT acceptable)	2022 S.C. TA
Name:	et address of Florida registered agent: (P.O. E	Box NOT acceptable)	2022 APR - SEGULAR
Name:	et address of Florida registered agent: (P.O. E	Box <u>NOT</u> acceptable)	
Name:	et address of Florida registered agent: (P.O. E EXCELSIOR CORPORATE SERVICES LLC 135 SAN LORENZO AVE., PH 840	Box NOT acceptable)	
Name: Office Address:	et address of Florida registered agent: (P.O. E EXCELSIOR CORPORATE SERVICES LLC 135 SAN LORENZO AVE., PH 840 CORAL GABLES (City)	Box <u>NOT</u> acceptable)	- A
Name: Office Address: Office Address:	EXCELSIOR CORPORATE SERVICES LLC 135 SAN LORENZO AVE., PH 840 CORAL GABLES (City) cent's acceptance:	Box NOT acceptable)	ed corporation at the pla
Name: Office Address: Office Address: Office Address: Office Address: Office Address:	EXCELSIOR CORPORATE SERVICES LLC 135 SAN LORENZO AVE., PH 840 CORAL GABLES (City) ent's acceptance: med as registered agent and to accept service a armification. I hereby accept the appointment	Box NOT acceptable)	red corporation at the pla
Name: Office Address: Office Address:	EXCELSIOR CORPORATE SERVICES LLC 135 SAN LORENZO AVE., PH 840 CORAL GABLES (City) ent's acceptance: ned as registered agent and to accept service is application, I hereby accept the appointment comply with the provisions of all statutes relatives.	Box NOT acceptable) 33146 Zip code) of process for the above states registered agent and aguive to the proper and comp	red corporation at the pla
Name: Office Address: Office Address:	EXCELSIOR CORPORATE SERVICES LLC 135 SAN LORENZO AVE., PH 840 CORAL GABLES (City) ent's acceptance: ned as registered agent and to accept service is application, I hereby accept the appointment comply with the provisions of all statutes relative with and accept the obligations of my positive with and accept the obligations of my positive contractions.	Box NOT acceptable) 33146 Zip code) of process for the above states registered agent and aguive to the proper and comp	red corporation at the pla
Name: Office Address: Office Address:	EXCELSIOR CORPORATE SERVICES LLC 135 SAN LORENZO AVE., PH 840 CORAL GABLES (City) ent's acceptance: ned as registered agent and to accept service is application, I hereby accept the appointment comply with the provisions of all statutes relatives.	Box NOT acceptable) 33146 Zip code) of process for the above states registered agent and aguive to the proper and comp	red corporation at the pla

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

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

4/1/2022 6:41:50 AM PST (GMT-8) FROM: -TO: 18506176383 DocuSign Ervelope ID: 9950826E-1083-4C58-9100-91C8A5374658

Page: 5 of 6

ocuSign	Envelope	ID: 995	D826E-1	1083-4C	58-9100-	91C8A5	3/4

A. DIRECTORS	Fausto González Casado		Name:
□ Chairman	Name: Paseo de la Castellana, 259D	Chairman	Paseo de la Castellana, 259D Address:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	28046 Madrid, España	□Director	28040 Maurid, España
President		President	
□Vice President		☐ Vice President	
Secretary	☐ Treessurer	☐ Secretary	Treasurer
□Other	Other	CFO	Other
☐ Chairman	Name:	□ Chairman	Maria del Carmen Honrado Honrado
□Vice Chairman	Address: Paseo de la Castellana, 259D	□Vice Chairman	Address: Paseo de la Castellana, 259D
Director	28046 Madrid, España	□Director	28046 Madrid, España
□President		☐ President	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	Treasurer
□Other	Other	□Other	Other
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address;
□Director		□Director	
□President		☐ President	
□Vice President		□Vice President	
Secretary	☐Treasurer	☐ Secretary	□Treasurer
Other	Other	□ Other	Other
Important Notice individuals may b	Use an attachment to report more than six (6). The added to the index when filing your Florida De	he attachment will be image partment of State Annual R	ed for reporting purposes only. Non-indexed eport form.
12	Fuctor Signature of Dir	Empiry lands	
The officer or dir she is aware that s.817.155, F.S.	ector signing this document (and who is listed in a false information submitted in a document to the	number 11 above) affirms t Department of State constit	hat the facts stated herein are true and that he or utes a third degree felony as provided for in

13. Fausto González Casado, President (Typed or printed name and capacity of person signing application)

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OHL INFRASTRUCTURE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO REREBY FURTHER CERTIFY THAT THE SAID "ORL INFRASTRUCTURE, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2006.

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

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

Authentication: 202818640

Date: 03-03-22