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EXAMINER

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 432257 4335360 AUTHORIZATION COST LIMIT : ORDER DATE: October 10, 2018 ORDER TIME : 10:39 AM ORDER NO. : 432257-005 CUSTOMER NO: 4335360 FOREIGN FILINGS NAME: DREXEL HAMILTON INFRASTRUCTURE GP, LLC ינר XXXX_ QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

CORPORATION SERVICE COMPANY

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

me unavailable, enter alternate n	ame adopted for the purpose of transacting business in	Florida, The alternate name must include "Limited Lish	ulity Company," "L L C," or "LLC."
elaware		3. 82-5232954	相談
(Jurisdiction under the law of w	nich foreign limited liability company is organized)		er, if applicable)
			2
····	(Date first transacted business in Florida, if prior	v to registration }	
	(See sections 605,0904 & 605,0905, F.S. to det	ermane penalty liability)	. • .
400 W. Morse Blvd., Suite 220 (Sueet Address of Principal Office)		6. 400 W. Morse Blvd., Suite	220
Sueet Address of f) Winter Park, FL 32789	•	Winter Park, FL 32789	rss)
Winter Park, FL 32765		Willer Falk, FE 32787	ن ب
			
Name:	of Florida registered agent: (P.O. E		
Office Address:	1201 Hays Street		
	Tallahassee	, Florida <u>32301</u>	
	(Cuv)	, rtorsda(Zip code	e)
accept the obligation.	Corparation Service Company By:	<u>aunu</u>	Roxanne Turke Asst. Vice Presid
accept the obligation.	Corparation Service Company By: (Registered age	nt's signature)	Roxanne Turke Asst. Vice Presid
accept the obligation.	Corparation Service Company By:	nt's signature)	Roxanne Turne Asst. Vice Presid
The name, title or caps	Corporation Service Company By: (Registered age acity and address of the person(s) who Name and Address: Mark Michel	has/have authority to manage is/are: Title or Capacity:	Asst. Vice Presid
The name, title or capa Title or Capacity:	Corporation Service Company By: (Registered age acity and address of the person(s) who Name and Address:	has/have authority to manage is/are: Title or Capacity:	Asst. Vice Presid
The name, title or capa Title or Capacity:	Corporation Service Company By: (Registered age acity and address of the person(s) who Name and Address: Mark Michel 400 W. Morse Blvd., Ste 2	has/have authority to manage is/are: Title or Capacity:	Asst. Vice Presid
The name, title or capa Title or Capacity:	Corporation Service Company By: (Registered age acity and address of the person(s) who Name and Address: Mark Michel 400 W. Morse Blvd., Ste 2	has/have authority to manage is/are: Title or Capacity:	Asst. Vice Presid
The name, title or capa Title or Capacity:	Corporation Service Company By: (Registered age acity and address of the person(s) who Name and Address: Mark Michel 400 W. Morse Blvd., Ste 2	has/have authority to manage is/are: Title or Capacity:	Asst. Vice Presid
The name, title or capa <u>Title or Capacity:</u> Manager	Corporation Service Company By: (Registered age acity and address of the person(s) who Name and Address: Mark Michel 400 W. Morse Blvd., Ste 2 Winter Park, FL 32789	has/have authority to manage is/are: Title or Capacity:	Asst. Vice Presid
The name, title or caps Title or Capacity: Manager	Corporation Service Company By: (Registered age acity and address of the person(s) who Name and Address: Mark Michel 400 W. Morse Blvd., Ste 2 Winter Park, FL 32789	has/have authority to manage is/are: Title or Capacity:	Name and Address:
The name, title or capa Title or Capacity: Manager se attachments if neces	Corputation Service Company By: (Registered age acity and address of the person(s) who Name and Address: Mark Michel 400 W. Morse Blvd., Ste 2 Winter Park, FL 32789 sary) of existence, no more than 90 days of of which it is organized. (If the certification of the company of the certification of th	has/have authority to manage is/are: Title or Capacity:	Name and Address:

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DREXEL HAMILTON INFRASTRUCTURE GP,

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 TENTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DREXEL HAMILTON INFRASTRUCTURE GP, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2017.

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

Authentication: 203586706

Date: 10-10-18