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Account#: 120000000088

Date: July 31, 2019	ACCOUNT#. 12000000000
Name: KEN HOWELL	
Reference #:1113514	
Entity Name: DREXEL HAMILTON INFR.	ASTRUCTURE II GP, LLC
☐ ☑ Articles of Incorporation/Authorization to Tra-	nsact Business
☐ Amendment	
Change of Agent	ISSUES? CALL
Reinstatement	KEN:
Conversion	518-213-0738
Merger	
☐ Dissolution/Withdrawal	
Fictitious Name	
Other	
1	
Authorized Amount: \$125.00	
Signature:	



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Date: July 31, 2019	Account#: I20000000088
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Reference #:	
Entity Name: DREXEL HAMILTON INFRA	ASTRUCTURE II GP, LLC
_ ✓.Articles of Incorporation/Authorization to Tran	sact Business
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Reinstatement	KEN:
Conversion	518-213-0738
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitious Name	
Other	
; ,	
Authorized Amount: \$125.00	
Signature:	

### COVER LETTER

SUBJECT:	Drexel Hamilton Infrastructure II GP, LLC
	Name of Limited Liability Company
The enclosed "A Existence, and ch	oplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate eck are submitted to register the above referenced foreign limited liability company to transact business in Florid
Please return all	correspondence concerning this matter to the following:
	Mark A. Michel
	Name of Person
	Drexel Hamilton Infrastructure II GP, LLC
	Firm/Company
	400 West Morse, Suite 220
	Address
	Winter Park, FL 32789
	City/State and Zip Code
	mmichel@drexelhamiltonip.com
_	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
	Mark A. Michel 407 , 951-6918
-	Name of Contact Person Area Code Daytime Telephone Number
Division Registrat P.O. Box	
r ananas:	2661 Executive Center Circle Tallahassee, FL 32301
Please m	is a check for the following amount: ake check payable to: FLORIDA DEPARTMENT OF STATE
L_J \$125	.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy

## 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 LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: Drexel Hamilton Infrastructure II GP, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") Ilf name intavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "L.L.C."." Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 400 West Morse, Suite 220 Winter Park, FL 32789 400 West Morse, Suite 220 Winter Park, FL 32789 (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: Office Address: 115 North Calhoun St. Suite 4

#### Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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.

Erin Upchurch, Assistant Secretary

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: Mark A. Michel ⊠Manager Name: \_\_\_\_\_ Manager Address: 400 West Morse, Suite 220 Member Address: Member Winter Park, FL 32789 X Authorized Authorized Person Person Other Other\_\_\_\_ Other\_ Other\_\_\_ Manager Name: \_\_\_\_ Manager Name: \_\_\_\_\_ Member Address: Member Address: \_\_\_\_\_ Authorized Authorized Person Person Other Other\_\_\_\_ Other Other\_\_\_ Manager Name: \_\_\_\_\_ Manager 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. Nonindexed 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. Mark A. Michel

Typed or printed name of signee

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DREXEL HAMILTON INFRASTRUCTURE II 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 THIRTY-FIRST DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DREXEL HAMILTON INFRASTRUCTURE II GP, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2019.

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

Authentication: 203322489

Date: 07-31-19

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