

8/30/21

Division of Corporations

Florida Department of State
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To:

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**Foreign Limited Liability Company
North Tarrant Infrastructure, L.L.C**

Certificate of Status	0
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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:

1. North Tarrant Infrastructure, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC" or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Texas 3. 30-0761613
(Jurisdiction under the law of which foreign limited liability company is organized) (FID number, if applicable)

4. _____
(File first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 13601 North Freeway, Suite 200 6. 13601 North Freeway, Suite 200
(Street Address of Principal Office) (Mailing Address)

Fort Worth, TX 76177

Fort Worth, TX 76177

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1260 South Pine Island Road

Plantation 33324
(City) , Florida (Zip code)

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.

Lisa Dubois

Lisa Dubois, Asst. Secretary

(Registered agent's signature)

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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].

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Jose Carlos Esteban	<input checked="" type="checkbox"/> Manager	Name: Eduardo Gonzalez
<input type="checkbox"/> Member	Address: 1725 Hughes Landing Blvd.	<input type="checkbox"/> Member	Address: 9600 Great Hills Trail
<input type="checkbox"/> Authorized	Suite 1200	<input type="checkbox"/> Authorized	Suite 200E
Person	The Woodlands, Texas 77380	Person	Austin, Texas 78759
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input checked="" type="checkbox"/> Manager	Name: Angel Luis Sanchez Gil	 <input checked="" type="checkbox"/> Manager	Name: Mignel Verde
<input type="checkbox"/> Member	Address: 9600 Great Hills Trail	<input type="checkbox"/> Member	Address: 1725 Hughes Landing Blvd.
<input type="checkbox"/> Authorized	Suite 200E	<input type="checkbox"/> Authorized	Suite 1200
Person	Austin, Texas 78759	Person	The Woodlands, Texas 77380
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	Name:	 <input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

Catherine David
Signature of an authorized person

Catherine David, Authorized Person

Typed or printed name of signer

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Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for North Tarrant Infrastructure, LLC (file number 801674477), a Domestic Limited Liability Company (LLC), was filed in this office on October 25, 2012.

It is further certified that the entity status in Texas is in existence.

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ATLANTA, GEORGIA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 27, 2021.



A handwritten signature of Jose A. Esparza.

Jose A. Esparza
Deputy Secretary of State