(((H210003372093)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (514)280-3338 Fax Number : (954)208-0845

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

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## Foreign Limited Liability Company Ferrovial Vertiports US LLC

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\*\*\*1 OF 2, FILE FIRST WITH H21000337214 3 SECOND\*\*\*

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

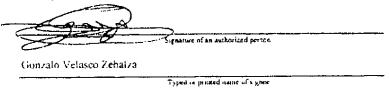
Ferrovial Vertiports US	SILC			
(Name of Foreign	Limited Liabibity Company; must include "Limit	ed Liability Company," "L.L.C.," or "LLC"):		
name unavailable, enter altomate i	name adopted his the purpose of fransacting business in	Florida. The alternate name must metade "familied Fid	fullify Company," "L. L. C," or "El. C.".)	
Delaware		<b>)</b>		
(Jurisdiction under the law of which foreign limited liability company is organized)		(Fill number, it applicable)		
	(Date first transacted business in Florida, it prior to (See acciding 603-6004-& 603-0005, F.S., to deter-	n registrative ) nine penalty frability)		
9600 Great Hills Trail.		9600 Great Hills Trail, Suite	250W	
treet Address of Principal Office)		6 (Mading Address)	<b></b>	
Ausun, TN 78759		Austin, TX 78759		
	***************************************		<u>.</u>	
Name and <u>Street addre</u>	ss of Florida registered agent. (P.O. Bo	v <u>NOT</u> acceptable)		
Name and <u>street addre</u>	ss of Florida registered agent. (P.O. Bo	x <u>NOT</u> acceptable)	21	
	es of Florida registered agent. (P.O. Bo	x <u>NOT</u> acceptable)	21 SE	
Name and street address Name:	CT Corporation System	N <u>NOT</u> acceptable)	21 SEP 1	
		NOT_acceptable)	21 SEP 13	
Name:	C T Corporation System  1200 South Pine Island Road		FILED 21 SEP 13 AMI	
Name:	C T Corporation System  1200 South Pine Island Road	x <u>NOT</u> acceptable)	FILED 21 SEP 13 MIN: 5	
Name: Office Address:	CT Corporation System  1200 South Pine Island Road  Plantation  (City)		FILED 21 SEP 13 MIN: 57 21 SEP 13 MIN: 57	
Name: Office Address: egistered agent's accep-	CT Corporation System  1200 South Pine Island Road  Plantation  (City)  Stance: Poistered agent and to accept service of	Florida	liability company at the pla	
Name: Office Address: egistered agent's acceptaing been named as re	CT Corporation System  1200 South Pine Island Road  Plantation  (City)  Stance: The end of accept service of the appointment	Florida 33324  (//ipcode)  f process for the above stated limited law registered agent and agree to act is	liability company at the pla n this capacity. I further a	
Name: Office Address: egistered agent's acceptaving been named as resignated in this applicate comply with the provis	CT Corporation System  1200 South Pine Island Road  Plantation  (City)  Stance: Poistered agent and to accept service of	Florida 33324  (//ipcode)  f process for the above stated limited law registered agent and agree to act is	liability company at the pla n this capacity. I further a	
Name: Office Address: Registered agent's acceptaving been named as relesignated in this application comply with the provisind accept the obligation	CT Corporation System  1200 South Pine Island Road  Plantation  (City)  Stance:  registered agent and to accept service of the appointment ions of all statutes relative to the propers of my position as registered agent.  CT Corporation System	Florida 33324 , Florida (//ipcode) f process for the above stated limited to as registered agent and agree to act is er and complete performance of my d	liability company at the pla n this capacity. I further a uties, and I am familiar wit	

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:
⊞Manager	Name: Conzalo Velasco Zabalza	■Manager	Name: Daniel Pinan Bracicorto
∐Member	Address:	□Member	Address: 9600 Great Hills Trail
□Authorized	Suite 250W	☐Autherized	Suite 250W
Person	Austin, TX 78759	Person	Austin, TX 78759
□Other	Other	□Other	□Other
□Menager	Name:	∐Manager	Name:
□Member	Address:	⊟Member	Address:
□ Authorized	1, 20, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	□Authorized	
Person		Person	w , ,
□Other	Other	□Other	[]Other
∏Manager	Name.	□Manager	Name:
□Member	Address:	[] Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	□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.



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Page 1

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FERROVIAL VERTIPORTS US 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 SEPTEMBER, A.D. 2021.

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

Authentication: 204127600

Date: 09-10-21