

MD1000016879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

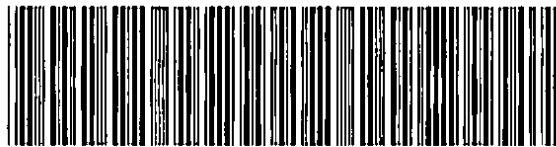
(Document Number)

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21 DEC 14 AM 10:03

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2021 DEC 14 AM 9:55

T. LEMIEUX

DEC 14 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Accione-Condote POM JV, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Timothy P. Atkinson

Name of Person

Oertel, Fernandez, Bryant & Atkinson, PA

Firm/Company

2060 Delta Way

Address

Tallahassee, Florida 32312

City/State and Zip Code

tatkinson@ohfc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy P. Atkinson

850

544-5304

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**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. ACCIONA POM HOLDCO, LLC

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

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

Delaware

2. _____
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI number, if applicable)

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

5. 900 West Hastings, Suite 600
(Street Address of Principal Office)

6. 900 West Hastings, Suite 600
(Mailing Address)

Vancouver, BC V6C 1E5

Vancouver, BC V6C 1E5

Canada

Canada

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

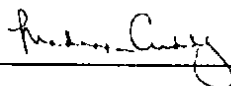
Name: C T Corporation System

Office Address: 1200 S. Pine Island Road

Plantation, Florida 33324
(City) (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.



(Registered agent's signature)

Madonna Cuddihy, Assistant Secretary

FILED
DEC 14 PM 10:03
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

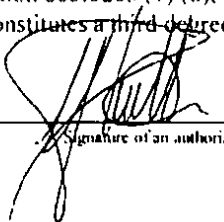
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	Carlos Planelles		<input type="checkbox"/> Manager	Name:	Javier Gutierrez	
<input type="checkbox"/> Member	Address:	900 West Hastings, Suite 600		<input type="checkbox"/> Member	Address:	900 West Hastings, Suite 600	
<input type="checkbox"/> Authorized		Vancouver, BC V6C 1E5		<input type="checkbox"/> Authorized		Vancouver, BC V6C 1E5	
	Person	Canada			Person	Canada	
<input checked="" type="checkbox"/> Other	President			<input checked="" type="checkbox"/> Other	Treasurer		
<input type="checkbox"/> Manager	Name:	Leo Caffaro		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	900 West Hastings, Suite 600		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Vancouver, BC V6C 1E5		<input type="checkbox"/> Authorized			
	Person	Canada			Person		
<input checked="" type="checkbox"/> Other	Secretary			<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			

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.



Signature of an authorized person

Carlos Planelles

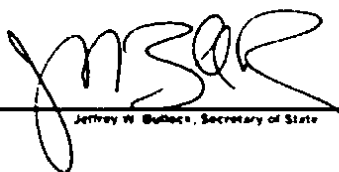
Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "ACCIONA POM HOLDCO,
LLC", FILED IN THIS OFFICE ON THE EIGHTH DAY OF DECEMBER, A.D.
2021, AT 2:31 O'CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

6456653 8100
SR# 20214021766

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

Authentication: 204956759
Date: 12-13-21

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACCIONA POM HOLDCO, 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 THIRTEENTH DAY OF DECEMBER, A.D. 2021.

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



6456653 8300

SR# 20214070038

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204956938

Date: 12-13-21