## M21000/688/

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

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## **COVER LETTER**

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то:		ation Section 1 of Corporations				
SUBJE		ciona POM Holdco, LLC				
50,001			e of Limited Liability C	Company		
The end Existen	closed "A	pplication by Foreign Limited Liability (neck are submitted to register the above r	Company for Authoriza referenced foreign limit	ation to Tran ted liability	sact Business in Florida.' company to transact busin	' Certificate of ness in Florida
Please	return all	correspondence concerning this matter to	o the following:			
		Timothy P. Atkinson				
			Name of Person	_		
		Oertel, Fernandez, Bryant & Atkinson,	, PA			
		·	Firm/Company		_	
		2060 Delta Way				
			Address	<u></u>		
		Tallahassee, Florida 32312				
		Ci	ity/State and Zip Code			
	1	atkinson@ohfc.com				
	-	E-mail address: (to be	used for future annual	report notif	ication)	
For furt	ther inforr	nation concerning this matter, please cal	l:			
	Timoth	y P. Atkinson	850 at (	544-5304		
		Name of Contact Person	Area Code	Daytir	me Telephone Number	
Mailing Address:		Street Address:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monro		Suite 810		
			Tallahassee, F.	L 32303		
	Please n	d is a check for the following amount: nake check payable to: FLORIDA DEP .00 Filing Fee	: & 🔲 \$155.00 Fili		■ \$160.00 Filing Fee, of Status & Cert	

## 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:

	ame adopted for the purpose of transacting business in Fl	onda. Inc alterna	te name must include "Limited I	Liability Company," "L.L.C." or "LLC
Delaware		3		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	<u></u>	(FEI no	umber, if applicable)
·	(Date first transacted business in Florida, if prior to	registration.)		<del></del>
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ			
(Street Address of Principal Office)  Coral Gables, FL 33134		800 Douglas Road, 10th Floor  6. (Mailing Address)		
			ddress)	
		Coral Gables, FL 33134		
		_	· · · · · · · · · · · · · · · · · · ·	;;; <u>2</u>
Name and street addres	ss of Florida registered agent: (P.O. Bo	 x <u>NOT</u> acco	eptable)	21 CCC
Name and street address	SS of Florida registered agent: (P.O. Bo  Corporation Service Company	x <u>NOT</u> acco	eptable)	1 CC 14
			eptable)	1 050 14

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.

Christa Pugh Assistant Secretary.

(Registered agent's signature)

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
Manager	Name:	Manager	Name: Condotte America, LLC	
Member		■ Member  □ Authorized  Person  □ Other	Address: 10790 NW 127th Street	
Authorized			Medley, FL 33178	
Person				
Other			Other	
Manager	Name:MasTec Condotte Holdings, LLC	☐ Manager	Name:	
Member	Address: 800 Douglas Road, 10th Floor	☐ Member	Address: 800 Douglas Road, 10th Floor	
Authorized	Coral Gables, FL 33134	Authorized	Coral Gables, FL 33134	
Person		Person		
Other	Other	OtherAuthorized	Signatory Other	
	Carlos Planelles		News	
Manager	Address: 900 West Hastings, Suite 600	∐ Manager	Name:	
Member	Vancouver, BC V6C 1E5	☐ Member		
Authorized	Canada	Authorized		
Person  Authorize	d Signatory Other	Person  Other	Other	
9. Attached is a cer jurisdiction under to of the translator mu	Use an attachment to report more than six (6). To may be added to the index when filing your Floatificate of existence, no more than 90 days old, the law of which it is organized. (If the certificate is the submitted) is executed in accordance with section 605.020, ament to the Department of State constitutes a the	orida Department of State duly authenticated by the le is in a foreign language 3 (1) (b), Florida Statutes	e Annual Report form.  official having custody of records in the  a translation of the certificate under oat  I am aware that any false information	

Typed or printed name of signed

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-CONDOTTE POM JV, LLC", FILED IN THIS OFFICE ON THE EIGHTH DAY OF DECEMBER, A.D. 2021, AT 4:05 O'CLOCK P.M.



Authentication: 204956952

Date: 12-13-21

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ACCIONA-CONDOTTE POM JV, 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.

A LOCAL DESIGNATION OF THE PARTY OF THE PART

Authentication: 204957071

Date: 12-13-21

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