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SECRETARY OF STATE FALLAHASSEE, FLORIO)

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## **COVER LETTER**

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TO:

BJECT:	WINDSTAR MIDSTREAM, LLC	
DJEC I:	Name	e of Limited Liability Company
enclosed stence, an	l "Application by Foreign Limited Liability of the check are submitted to register the above in	Company for Authorization to Transact Business in Florida," Certif referenced foreign limited liability company to transact business in
ise return	all correspondence concerning this matter to	o the following:
	Marina J. Hammond	
		Name of Person
	Gordon Davis Johnson & Shane PC	
		Firm/Company
	4695 N Mesa Street	
	<del></del>	Address
	El Paso, Texas 79912	
		Sity/State and Zip Code
	mhammond@eplawyers.com	•
	E-mail address: (to be	e used for future annual report notification)
r further ir	nformation concerning this matter, please ca	II:
Marina J. Hammond		915 545-1133 at ()
	Name of Contact Person	at () Area Code Daytime Telephone Number
	iling Address: gistration Section	Street Address: Registration Section
	vision of Corporations	Division of Corporations The Centre of Tallahassee
	D. Box 6327 llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	closed is a check for the following amount: ase make check payable to: FLORIDA DEF	PARTMENT OF STATE
	\$125.00 Filing Fee  \$130.00 Filing Fe Certificate C	ee & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certific

## 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: WINDSTAR MIDSTREAM, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LI.C.") (If name unavailable, enter alternate rame adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Texas (FEI number, if applicable) (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) 303 N. Oregon, Stc. 1020 303 N. Oregon, Ste. 1020 (Mailing Address) (Street Address of Principal Office) El Paso, Texas 79901 El Paso, Texas 79901 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CAPITOL CORPORATE SERVICES, INC. Name: 515 EAST PARK AVENUE 2ND FL Office Address:

Registered agent's acceptance:

TALLAHASSEE

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.

(City)

Mary Fink, Asst. Sec. on behalf of Capitol Corporate Services, Inc. (Registered agent's signature)

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: Miguel Zaragoza F-IV Name: Marco A. Zaragoza ■Manager ■Manager Address: \_\_ 303 N. Oregon, Ste. 1020 Address: 303 N. Oregon, Ste. 1020 □Member □Member El Paso, Texas 79901 El Paso, Texas 79901 □ Authorized □ Authorized Person Person Other\_\_\_\_ Other □Other Other\_\_\_ Name: Miguel Zaragoza, Jr. Name: Juan Cuellar □Manager ■ Manager Address: \_\_\_\_ 303 N. Oregon, Ste. 1020 Address: \_\_\_\_ 303 N. Oregon, Ste. 1020 □ Member El Paso, Texas 79901 El Paso, Texas 79901 □ Authorized Authorized Person Person ☐ Other\_\_\_\_ Other\_\_ □Other Other\_\_ □Manager Name: □Manager Name: \_\_\_\_\_ □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.

Typed or printed name of signee

Juan Cuellar

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



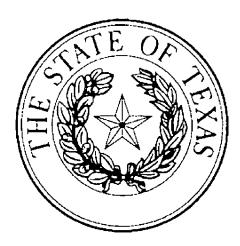
## Office of the Secretary of State

## Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for WINDSTAR MIDSTREAM, LLC (file number 802636127), a Domestic Limited Liability Company (LLC), was filed in this office on January 26, 2017.

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

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Scal of State at my office in Austin, Texas on March 16, 2022.



John B. Scott Secretary of State

Fax: (512) 463-570 TID: 10264 Dial; 7-1-1 for Relay Services Document: 1130071290005