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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	Walsh Infrastructure Management, LLC	
		ne of Limited Liability Company
		Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this matter	to the following:
	Erin DuBose	
		Name of Person
	Walsh Infrastructure Management, Ll	,C
		Firm/Company
	929 W. Adams Street	
	- 	Address
	Chicago, II. 60607	
	(City/State and Zip Code
	edubose@walshgroup.com	
	E-mail address: (to b	e used for future annual report notification)
For furt	ther information concerning this matter, please ca	all:
	Erin DuBose	312 492-1580 at()
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section		Street Address: Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		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 DEI ■ \$125.00 Filing Fee □ \$130.00 Filing Fe Certificate of	ee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	anagement, LLC Limited Liability Company; must include "Limited	Hability Co	mpany," "{, L.C.," or "LLC."}			
(If name unavariable, enter alternate)	name adopted for the purpose of transacting business in Fl	onda The alter	nate name must melode "I united Liabil	ity Company,""l	.,l, C," or "f,l C	,
		3	-4116156			
(Jurisdiction unxler the law of w	high foreign limited hability company is organized)	٠٠٠	{EEI number,	it applicable)		
5/14/2015						
4	(Date first transacted business in Florida, if prior to (See sections 605 0903 & 605 0905, F.S. to determine	registration) ne penalty habi	pià I			
929 W. Adams Street		929	W. Adams Sdtreet			
5. Street Address of Principal Office)		6	(Mailing Address)			
(2.1		Ch	icago, IL 60607			
Chicago, IL, 60607		,,,,				
Chicago, it, 60607						
Chicago, 11, 60607						
	ss of Florida registered agent: (P.O. Box				2	
	ss of Florida registered agent: (P.O. Box			<u></u>	2022.	
7. Name and street address	Corporation Service Company			1.5 1.5 1.6 1.6	2022 JUN	
	Corporation Service Company				2022 JUN 1 0	7) 1) 1) 1)
7. Name and street addres	Corporation Service Company				P	D > 1
7. Name and <u>street address</u> Name:	Corporation Service Company 1201 Hays Street Tallahassee	NOT acco			2022 JUN 10 PM 12: 3	77 - 77 - 77 - 77 - 77 - 77 - 77 - 77

Having been named as registered agent and to accept service of process for the above stated limited itability 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.

Denise A. Ciriaco
(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:
■Manager	Name: Sean C. Walsh	■Manager	Name:
□Member	Address: 929 W. Adams Street	□Member	Address: 929 W. Adams Street
□Authorized	Chicago, IL 60607	□Authorized	Chicago, IL 60607
Person		Person	
□Other	Other	□Other	□Other
□Manager	Name: Michael P. Gibbons	□Manager	Name:
□Member	Address: 929 W. Adams Street	□Member	Address: 929 W. Adams Street
Authorized	Chicago, 11, 60607	■Authorized	Chicago, IL 60607
Person		Person	
□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. 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.

File Number

0459711-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

WALSH INFRASTRUCTURE MANAGEMENT, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 15, 2013, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD

day of

JUNE

A.D.

2022

Authentication #: 2215402822 verifiable until 06/03/2023

Authenticate at: http://www.ilsos.gov

Desse White

SECRETARY OF STATE