M14000004373

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		}

Office Use Only



300311573703

04/16/18--01007--014 **125.00





8000E-31M



April 26, 2018

SCOTT GARNER 50101 GOVERNORS DR, SUITE 280 CHAPEL HILL, NC 27517

SUBJECT: AVOCA SOLAR, LLC Ref. Number: W18000036208

We have received your document for AVOCA SOLAR, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 718A00008683

Jenna D Harris Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporati	ons				
SUBJE	Avoca Solar, LLC					
		Name of	Limited Liability	Company		
The end Existen	closed "Application by F	oreign Limited Liability Com ted to register the above refer	pany for Authoriza enced foreign limi	ition to Tr ted liabilit	ransact Business in Florida," ry company to transact busin	Certificate of less in Florida.
Please	return all correspondence	concerning this matter to the	following:			
	Scott Garner					
		. `	lame of Person	<u></u> .		
	Strata Solar, I	LC				
		F	irm/Company			
	50101 Govern	nors Drive, Suite 280				
			Address			
	Chapel Hill, A	C 27517				
		City/S	State and Zip Code			
	compliance@st	ratasolar.com				
		E-mail address: (to be use	d for future annual	report no	tification)	
For furt	her information concerni	ng this matter, please call:				
	Scott Garner		919 at (960-60	15	
	Name	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section suilding centive Center Circle see, FL 32301	
Enclose	d is a check for the follows \$125.00 Filing Fee	wing amount: S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	S160.00 Filing Fee, Ce of Status & Certified Cop	

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

North Carolina		ords. The alternate name must exclude "Limited I.	
	and any has not an include at a second and a second	3 82-5149205	money Company, trace, or tree;
	ch foreign limited liability company is organized)		mber, if applicable)
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905; F.S. to determ) reguring)	
50101 Governors Drive			
(Street Address of Pr		6. 50101 Governors Drive, S	Suite 280
Chapel Hill, NC 27517		Chapel Hill, NC 27517	ઝ ~
			¥
Name and street address	of Florida registered agent: (P.O. Bo:	v NOT accentable)	
			-7
Name:	Corporation Service Company	·	Fig
Office Address:	1201 Hays Street		ja j
	Taliahassee	22701	25 Z
			 ~_ :
ving been named as reg signated in this applicate comply with the provision d accept the obligations	istered agent and to accept service of ion, I hereby accept the appointment of ons of all statutes relative to the proper of my position as registered agent.	as registered agent and agree to ac r and complete performance of my	ed liability company at the pl et in this capacity. I further is eduties, and I am familiar w
ving been named as reg signated in this applicate comply with the provision d accept the obligations	ance: issered agent and to accept service of ion. I hereby accept the appointment of the oppointment of the proper of my position as registered agent, reportion Service Company	process for the above stated limite as registered agent and agree to ac r and complete performance of my (Lucipia Sylvia Quep	ed liability company at the place of in this capacity. I further of the duties, and I am familiar w
signated in this application comply with the provision decept the obligations Co	ance: istered agent and to accept service of ion. I hereby accept the appointment of ms of all statutes relative to the proper of my position as registered agent, rporation Service Company	process for the above stated limite as registered agent and agree to acre and complete performance of my Sylvia Quep	ed liability company at the plact in this capacity. I further a valuties, and I am familiar was pet, Asst. Vice President
iving been named as reg signated in this applicate comply with the provision d accept the obligations Co	ance: isstered agent and to accept service of ion. I hereby accept the appointment of ions of all statutes relative to the proper of my position as registered agent, reporation Service Company (Registered agent) city and address of the person(s) who h	process for the above stated limite as registered agent and agree to ac r and complete performance of my Sylvia Quep Organici as/have authority to manage is/are.	rd liability company at the plact in this capacity. I further a state of the duties, and I am familiar was pet, Asst. Vice President
ving been named as regignated in this applicant comply with the provision daccept the obligations Co. The name, title or capacity:	ance: istered agent and to accept service of ion. I hereby accept the appointment of one of all statutes relative to the proper of my position as registered agent, reporation Service Company (Represed spens) its and address of the person(s) who h Name and Address:	process for the above stated limite as registered agent and agree to acre and complete performance of my Sylvia Quep	ed liability company at the plact in this capacity. I further a valuties, and I am familiar was pet, Asst. Vice President
ving been named as regignated in this applicate comply with the provision accept the obligations. Co The name, title or capacity: Strata Manager, LLC	ance: istered agent and to accept service of ion. I hereby accept the appointment of one of all statutes relative to the proper of my position as registered agent, reporation Service Company (Reported agent) city and address of the person(s) who h Name and Address: 50101 Governors Drive	process for the above stated limite as registered agent and agree to ac r and complete performance of my Sylvia Quep Organici as/have authority to manage is/are.	rd liability company at the plact in this capacity. I further a state of the duties, and I am familiar was pet, Asst. Vice President
ving been named as regignated in this applicant comply with the provision daccept the obligations Co. The name, title or capacity:	ance: iistered agent and to accept service of ion. I hereby accept the appointment of ions of all statutes relative to the proper of my position as registered agent, reporation Service Company (Reported agent's iity and address of the person(s) who h Name and Address: 50101 Governors Drive Suite 280	process for the above stated limite as registered agent and agree to ac r and complete performance of my Sylvia Quep Organici as/have authority to manage is/are.	rd liability company at the plact in this capacity. I further a state of the duties, and I am familiar was pet, Asst. Vice President
ving been named as regignated in this applicate comply with the provision accept the obligations. Co The name, title or capacity: Strata Manager, LLC	ance: istered agent and to accept service of ion. I hereby accept the appointment of one of all statutes relative to the proper of my position as registered agent, reporation Service Company (Reported agent) city and address of the person(s) who h Name and Address: 50101 Governors Drive	process for the above stated limite as registered agent and agree to ac r and complete performance of my Sylvia Quep Organici as/have authority to manage is/are.	rd liability company at the plact in this capacity. I further a state of the duties, and I am familiar was pet, Asst. Vice President
ving been named as regignated in this applicate comply with the provision decept the obligations Co The name, title or capacity: Strata Manager, LLC	ance: iistered agent and to accept service of ion. I hereby accept the appointment of ions of all statutes relative to the proper of my position as registered agent, reporation Service Company (Reported agent's iity and address of the person(s) who h Name and Address: 50101 Governors Drive Suite 280	process for the above stated limite as registered agent and agree to ac r and complete performance of my Sylvia Quep Organici as/have authority to manage is/are.	rd liability company at the plact in this capacity. I further a state of the duties, and I am familiar was pet, Asst. Vice President
ving been named as regignated in this applicate comply with the provision decept the obligations Co The name, title or capacity: Strata Manager, LLC	ance: iistered agent and to accept service of ion. I hereby accept the appointment of ions of all statutes relative to the proper of my position as registered agent, reporation Service Company (Reported agent's iity and address of the person(s) who h Name and Address: 50101 Governors Drive Suite 280	process for the above stated limite as registered agent and agree to ac r and complete performance of my Sylvia Quep Organici as/have authority to manage is/are.	rd liability company at the plact in this capacity. I further a state of the duties, and I am familiar was pet, Asst. Vice President
ving been named as registrated in this applicate comply with the provision discrept the obligations Co The name, title or capacity: Strata Manager, LLC	ance: iistered agent and to accept service of ion. I hereby accept the appointment of ions of all statutes relative to the proper of my position as registered agent, reporation Service Company (Represed agent's iity and address of the person(s) who h Name and Address: 50101 Governors Drive Suite 280 Chanel Hill, NC 27517	process for the above stated limite as registered agent and agree to ac r and complete performance of my Sylvia Quep Organici as/have authority to manage is/are.	rd liability company at the plact in this capacity. I further a state of the duties, and I am familiar was pet, Asst. Vice President

Typed or prested name of ogner



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

(Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

AVOCA SOLAR, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 2nd day of April, 2018, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 13th day of April, 2018.

6 laine I. Marshall

Secretary of State

Certification# 102486495-1 Reference# 14495356- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification