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(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 374159 / 8268139

AUTHORIZATION : OM

COST LIMIT : \$ 125.00

ORDER DATE : July 31, 2020

ORDER TIME : 12:24 PM

ORDER NO. : 374159-050

CUSTOMER NO: 8268139

FOREIGN FILINGS

NAME: SUNRUN URSA MANAGER 2020, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

COVER LETTER

TO:

Registration Section

SUBJECT:	Name	e of Limited Liability Company				
	"Application by Foreign Limited Liability (Company for Authorization to Transact Business in referenced foreign limited liability company to trans				
Please return	all correspondence concerning this matter to	o the following:				
	Jay Maloney					
	Name of Person					
	Sunrun Inc.					
	Firm/Company					
	225 Bush Street, Suite 1400					
	Address					
	San Francisco, CA 94104					
	City/State and Zip Code					
	legalteam@sunrun.com		7/4 20			
	E-mail address: (to be	used for future annual report notification)				
For further information concerning this matter, please call:						
Jay Maloney		415 580-6967	· ω ; η			
	Name of Contact Person	Area Code Daytime Telephone N	ümber 💆 🗇			
Mai	ling Address:	Street Address:	ω			
	gistration Section	Registration Section				
Div	ision of Corporations	Division of Corporations				
P.O). Box 6327	The Centre of Tallahassee				
Tal	lahassee, FL 32314	2415 N. Monroe Street, Suite 810				
		Tallahassee, FL 32303				

Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIAB. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

Sunrun Ursa Manage	er 2020, LLC					
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability	Company," "L.L.C.," or "LLC.")			_
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	lorida The c	ulternate name must include "Limited Liabil	lity Company,"	"11C,"	or "LLC."
Delaware 2.			85-2090690 (FEI number, i			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		if applicable)			
07/31/2020 4.						
4.	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration line penalty l) iability)	-		
225 Bush Street, Su	ite 1400		225 Bush Street, Suite 1400)		
5. (Street Address of Principal Office)			(Mailing Address)			
San Francisco, CA 94104			San Francisco, CA 94104			
		-				_
7. Name and street addres	s of Florida registered agent: (P.O. Box	: <u>NOT</u> a	eceptable)	2	20	
Name:	Corporation Service Company		<u> </u>	r i	Aiu6 -	
Office Address:	1201 Hays Street				-3 PH	i F
	Tallahassee		32301 Florida	. (573) - 125, 34, -	¥ 72: 3	<i>)</i>
	(Cuv)		(Zin 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 at 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.

Corporation Service Company

(Registered agent's signature)

Amanda Robi Asst. Vice Pres

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized manage [up to six (6) total]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: Name: Sunrun Inc. □ Manager □Manager Name: Address: 225 Bush Street ■Member ☐ Member Address: _____ Suite 1400 ☐ Authorized ☐ Authorized San Francisco, CA 94104 Person Person □Other______ □Other_____ □Other_____ □Other____ □Manager Name: ____ □Manager Name: _____ Address: □Member Address: ☐Member □ Authorized ☐ Authorized Person Person □Other_____ □Other_____ □Other_ Name: □ Manager ■ Manager □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. 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 oa 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

Typed or printed name of signee

Sundance Banks



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

DELAWARE, DO HEREBY CERTIFY "SUNRUN URSA MANAGER 2020, 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 THIRTY-FIRST DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNRUN URSA MANAGER 2020, LLC" WAS FORMED ON THE FIFTH DAY OF JUNE, A.D. 2020.

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



Authentication: 203387558

Date: 07-31-20

3021484 8300

SR# 20206528547