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115 N CALHOUN ST., STE, 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	11/14/2018		
Name:	Marisa Kugelmann		
Reference	#:1015090		
	me:NATURENER USA, L	LC	
☐ Am ☐ Cha ☐ Rei ☐ Cor	icles of Incorporation/Authorization to Transact Bust nendment ange of Agent instatement nversion	siness	61 to 15 A to 03
	ssolution/Withdrawal		
_	titious Name		 .
	d Amount: \$125.00		

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Name: Mari Reference #:		
	NATURENER US	A, LLC
	corporation/Authorization to Transac	
Amendment		
Change of A	gent	
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Other	-	··
Authorized Amount:	\$125.00	
Signature:	wisate D	

F: 800.944.6607

F: +852.2682.9790

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

		FOLLOWING IS SU			
Country of Loteral	NATURENER Limited Liability Company; must include "Limite	ed Liability Crimpan	v 11 11 11 11 11 11 11 11 11 11 11 11 11		
f name unavailable enter the		- John Danie	A FILE DI "CTC"	")	
the attended to	came adopted for the purpose of transacting buttness in Fig. Delayware	orida. The alternate nam	E stand include at law 41		
Jurisdiction under the law of the	Delaware hich foreign landed liability company is organized)	•	- ween the state Charles Ci	ability Company." "L.L.C." or	*ucr*)
	acts foreign lamated liability company is organized)	3	98-051	12722 . Ober, if applicable)	
	September 25, 2	O18	te C. Mar	oes, st appricable)	_ _ _
	Date fart transacted business in Florida, if prior to (See sections 605,0904 & 603,0905, F.S. to determine	r puration)			
NaturEn		es beauty hability)		-	
(Street Address of F	Tintipal Office)	6	NaturEner (JSA, LLC	
	venue, Suite 400		(Mailing Add	ress)	_
San Francis	co, CA 94133		435 Pacific Aven		
			San Francisco,	CA 94133	-
Name and street address	of Florida registered agent: (P.O. Box		•		
Name:	COSENION - (P.O. Box	NOT acceptable)		
THEIRE.	COGENCY GLOBAL IN	1C.			
Office Address:	115 North Calhoun Street, S	Suite 4			
_	Tallahassee	 _			
istered agent's accepta			orida <u>32301</u>		
gnated in this application in the provision accept the obligations of	nce: stered agent and to accept service of pro n, I hereby accept the appointment as r s of all statutes relative to the proper an f my position as registered agent.	ocess for the abo egistered agent and complete perf	(Ep code) we stated limited li and agree to act in formatice of my du	iability company at the third sapecity. I furth the third sapecity. I furth the third same the t	ie place her agree ar with
accept the obligations of	stered agent and to accept service of pron, I hereby accept the appointment as resonant so fall statutes relative to the proper and my position as registered agent. (Registered agent's signal and address of the person(s) who has/his Name and Address: See allached document	Accomplete perf	manage is/are	lability company at the this capacity. I furth titles, and I am familia	te place ther agree ar with
he name, title or capacity:	my position as registered agent. (Regined agent's signal and address of the person(s) who has/ha	ave authority to	manage is/are	illes, and I am familia	ner agree ar with
he name, title or capacity: See attached document	my position as peristered agent. Control (Regimenta agent's signal and address of the person(E) who has/hane and Address: See atlached document	ave authority to	manage is/are	illes, and I am familia	The agree of with
the name, title or capacity: Title or Capacity: See attachments if necessary) ched is a certificate of exition under the law of wheranslator must be submitted.	y and address of the person(s) who has/has signal and address of the person(s) who has/has/has/has/has/has/has/has/has/has/	authenticated by	manage is/are city:	Name and Address:	the coath
the name, title or capacity: The name, title or capacity: See attached document Attachments if necessary) The ched is a certificate of experior under the law of wheranslator must be submitted.	my position as peristered agent. (Registered agent's signary and address of the person(s) who has/hi Name and Address: See allached document	ave authority to Title or Capa authenticated by a foreign language b), Florida Statusgree felony as pro	manage is/are city: the official having age, a translation of	Name and Address:	the coath

Attachment to "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida" by NaturEner USA, LLC

8. The name, title or capacity and address of the persons(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Managing Member

Morgan Stanley Renewable Development Fund LLC

Attention: Jeremy Smilovitz, President

1585 Broadway, 4th Floor

New York, NY 10036

證明 HOY 15 A W O



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

DELAWARE, DO HEREBY CERTIFY "NATURENER USA, LLC" IS DULY FORMED

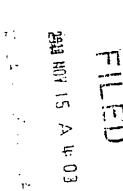
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FOURTEENTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATURENER USA, LLC" WAS FORMED ON THE TWENTIETH DAY OF OCTOBER, A.D. 2006.

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





Authentication: 203897369

Date: 11-14-18

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