F2200006795

| (Requ | iestor's Name) | |
|-----------------------------|-----------------|-------------|
| (Addr | ess) | |
| (Addr | ess) | |
| (City/s | State/Zip/Phon | e #) |
| PICK-UP | TIAW | MAIL |
| (Busir | ness Entity Nar | me) |
| (Docu | ment Number) |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fil | ling Officer: | _ |
| | | |
| | | |
| | | |

Office Use Only



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2022 NOV -3 AM II: 35

ALLAHASSEE, FLORT

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088 Date: November 03, 2022 **KEN** Name:_____ 1810992 Reference #:_____ **ENEL NORTH AMERICA, INC.** Entity Name:____ ✓ Articles of Incorporation/Authorization to Transact Business

— Amendment Change of Agent **ISSUES? CALL** Reinstatement KEN: 518-213-0738 Conversion Merger Dissolution/Withdrawal J Fictitious Name Other Authorized Amount: \$70.00

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| l. | ENEL NORT | | | | | |
|--|---|-----------------------|---|----------------|--------|--------------|
| | poration; must include "INCORPORAT p," "Inc," "Co," or "Corp.") | ED." "C | OMPANY," "CORPORATION," | | | |
| (If name unavailab | ole in Florida, enter alternate corporate o | ame adop | nted for the purpose of transacting busi | ness in Florid | a) | |
| 2 | Delaware | _ 3 | | | | |
| (State or country | Delaware under the law of which it is incorporate | <u>.</u> (t. | (FEI number, if applicab | le) | | |
| 4. | 07/18/1985 | 5. | (Date of duration, if other than p | | | |
| (Date o | of incorporation) | _ | (Date of duration, if other than p | erpetual) | | |
| 6 | | | <u> </u> | | | |
| | | | orida, if prior to registration) F.S., to determine penalty liability) | | | |
| 7. | 100 Brickstone Square, S | uite 300 | 0, Andover, MA 01810 | | | |
| | (P | rincipal o | ffice address) | | | |
| | | | | | 202 | |
| | (Current | mailing ad | ldress, if different) | | KO | |
| | | | | | NOV -3 | |
| 8. Name and street | address of Florida registered agent: | (P.O. B | ox <u>NOT</u> acceptable) | | ယ် | |
| Name: | COGENCY GLOBAL IN | IC. | | 77 | PH | 0 |
| Office Address: | 115 North Calhoun Street, | Suite 4 | _ | | ? | |
| | Tallahassee | | _, Florida 32301 | | 9 | |
| | (City) | | (Zip code) | | | |
| designated in this further agree to co | nt's acceptance: ed as registered agent and to accept application, I hereby accept the app omply with the provisions of all stat amiliar with and accept the obligati | oointmen utes rela | it as registered agent and agree to tive to the proper and complete po | eact in this c | apaci | ace ty. I |
| | /s/ Ken Howe | II, Asst. | Secretary | | | |
| _ | (Regis | tered ager | nt's signature) | | | |
| | | | | | | |

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

APPROVED AND 11. Names and business addresses of officers and/or directors:

| A. DIK | ECTORS |
|--------------|---|
| Chairman | r: |
| Address: | |
| | |
| Vice Chai | irman: |
| | |
| . 10010,53. | |
| Director: | Enrico Viale |
| | 100 Brickstone Square, Suite 300, Andover, MA 01810 |
| Address: | |
| | |
| | |
| Address: | |
| | |
| B. OFF | ICERS |
| President | Enrico Viale |
| Address: | 100 Brickstone Square, Suite 300, Andover, MA 01810 |
| | |
| Vice Pres | ident: Gianfranco Butera |
| Address: | 100 Brickstone Square, Suite 300, Andover, MA 01810 |
| | |
| Secretary | Megan Beauregard |
| | 100 Brickstone Square, Suite 300, Andover, MA 01810 |
| Treasurer | Podro José Canamoro Conzoloz |
| Address; | 100 Brickstone Square, Suite 300, Andover, MA 01810 |
| NOTE: | If necessary, you may anach an addendum to the application listing additional officers and/or directors. |
| 12. | to the application fishing additional officers and of directors. |
| - | Signature of Director or Officer |
| The office: | cer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes |
| | egree felony as provided for in s.817.155, F.S. |
| 13 | |
| | (Typed or printed name and capacity of person signing application) |

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ENEL NORTH AMERICA, INC." IS DULY

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

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF OCTOBER, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENEL NORTH

AMERICA, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF JULY, A.D.

1985.

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

Authentication: 204690513

Date: 10-24-22

2066844 8300 SR# 20223846290