

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M10000005681

1. Limited Liability Company's Name

Solar PPA Partnership One, LLC

FILED

17 APR -7 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900297736049

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 7550 Wisconsin Avenue Suite, Apt. #, etc. 9th Floor City & State Bethesda, MD Zip 20814		Country USA	
3. Mailing Office Address Same as Principal Office Address Suite, Apt. #, etc. City & State Zip Country			

4. State/Country of Formation New York	
5. Date Organized or Qualified To Do Business in Florida December 21, 2010	
6. FBI Number 27-2856697	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) Suite, 1201 Hays Street			
Apt. #, Etc.			
City Tallahassee	State FL	Zip Code 32301	

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

M. Zender
REGISTERED AGENT MUST SIGN

Melissa Zender
Asst. Vice President

Date

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AR	Sebastian Deschler	7550 Wisconsin Avenue, 9th Floor	Bethesda, MD 20814
AR	Jeff Meigel	7550 Wisconsin Avenue, 9th Floor	Bethesda, MD 20814
AR	Andrew Muro	7550 Wisconsin Avenue, 9th Floor	Bethesda, MD 20814

11. E-mail Address: tmonaco@terraform.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that 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 authorized representative/member

S. Deschler

Date

April 7, 2016

Daytime Phone #

240-762-770

Typed or printed name of signing authorized representative/member

Sebastian Deschler

T HENDERSON

APR 07 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 589121 8072711

AUTHORIZATION :

COST LIMIT : \$ 655.00

ORDER DATE : April 7, 2017

ORDER TIME : 1:06 PM

ORDER NO. : 589121-005

CUSTOMER NO: 8072711

REINSTATEMENT

NAME: SOLAR PPA PARTNERSHIP ONE,
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS _____

RECEIVED
2017 APR -7 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA