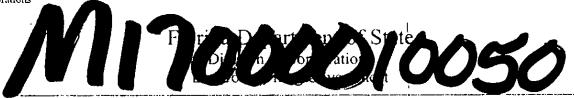
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Foreign Limited Liability Company SUNSTREET ASSET MANAGER, LLC

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| · | Vicki Rivero | | | | | |
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| | | F | irm/Company | | | |
| | 700 NW 107 | Avenue, Suite 400 | | | | |
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| | vicki.rivero@le | nnar.com | | | | |
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| | check for the follow 125.00 Filing Fee | ving amount: \$\Bigcirc \text{S130.00 Filing Fee & Certificate of Status}\$ | □ \$155.00 Fili Certified Copy | ny Fee & | □ \$160.00 Filing Fee, Ce of Status & Certified Cop | |

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

IN COMPLIANCE WITH SUCTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN THMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. SunStreet Asset Manager, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.") (If name mavellable, enter alternate rams adopted for the purposs of transacting basiness in Ploride. The alternate rams more more include "Limited Uability Company." "L L.C." or "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 5. 700 NW 107 Avenue (Street Address of Principal Office) Suite 400 Miami, FL 33172 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: , Florida 33324 Plantation 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 of designated in this application of increby accept the appointment as registered agent and agree to act in this capacity. I further agree 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. Poterif. Souza C T\Corporation System Assistant Secretary (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: SunStreet Energy Group, LLC Manager 700 NW 107 Ave. Ste 400 Miami, FL 33172 (Use attachments if necessary) 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 outh 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 anxionized person Mark Sustana, Vice President of SunStreet Energy Group, LLC

Typed or printed name of allinea



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SUNSTREET ASSET MANAGER, 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 TWENTY-NINTH DAY OF NOVEMBER, A.D. 2017.

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

Authentication: 203646836

Date: 11-29-17