## Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170003307063)))



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To:	Division of Corporations			
	Fax Number : (850)617	'-6383		
From:	DECICEE CONTRACTOR	DED ACENTS INC		
	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081			
	Phone : (307)200 Fax Number : (855)330	9-2803		
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Corporate Filing Menu

DEC 19 2017 Y SULKER Help

Electronic Filing Menu

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY C

TWIN RIVERS SOLAR	≀, LLC			
(Name of Foreig	gn Limited Liability Company; mus	st include "Limited	Liability Company," "L.L.C.," o	r "LLC.")
(If name unavailable, enter alte Liability Company," "L.L.C,"	ernate name adopted for the purpose or "LLC.")	e of transacting bu	siness in Florida. The alternate na	ime must include "Limited
DELAWARE		3. N/A		
(Jurisdiction under the law o company is organized)	f which foreign limited liability		(FEI number, if applicabl	e)
4. <u>N/A</u>	(Date first transacted busine	in Florida if pr	ior to registration )	<del></del>
	(See sections 605,0904 & 605	.0905, F.S. to deter	rmine penalty liability)	
5. 3030 N. ROCKY POI	NT DR, STE 150A, TAMPA, I	FL 33607		<u> </u>
	(Street Address of	Principal Office)		_
3030 N. ROCKY POIN	NT DR, STE 150A, TAMPA, F			
6				_
			<u></u>	_ <del>_</del>
	(Mailing	Address)		
7. Name and street address	s of Florida registered agent: (P	O. Box <u>NOT</u> ac	cceptable)	
	REGISTERED AGENTS			h.
Name:			 	<b>17</b>
Office Address:	3030 N. Rocky Point Drive, STE 150A			\$ <b>8</b>
	TAMPA		, Florida <u>33607</u>	
	(City)		(Zip code)	SSS
	tance: gistered agent and to accept ser accept the appointment as regis statutes relative to the proper ar	vlapod //40091 (11)//	norme in her in this capacies.	1 111/11/11/11/21/21 12 12 12 12 12 12 12 12 12 12 12 12 1
the obligations of my posi-	tion as registered agent			
	Bell ham	-		<u></u>
	(Regi:	stered agent's signa	ature)	
		a) ada hae/haya s	outhority to manage is/are:	
8. The name, title or caps	acity and address of the person(s BER, 3030 N. ROCKY POIN	TORIVE SUIT	F 150A TAMPA FL 33607	7
GREG NELSON, MEMI	3ER, 3030 N. ROCKT FOIN		C 150rt, 17mm / t, ta 5055	<del></del>
			:	
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 c of which it is organized. (If the ubmitted)	days old, duly aut certificate is in a	thenticated by the official havi foreign language, a translation	ng custody of records in the n of the certificate under oa
	Ciannete	re of an authorized	nerson	<del></del>
	~			
This document is executed submitted in a document to	d in accordance with section 605 of the Department of State consti	5.0203 (1) (b), Flo itutes a third degr	orida Statutes. I am aware that ee fclony as provided for in s.	any faise information 817,155, F.S.

Typed or printed name of signee

RILEY PARK

Delaware

The First State

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

DELAWARE, DO HEREBY CERTIFY "TWIN RIVERS SOLAR, 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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TWIN RIVERS SOLAR, LLC" WAS FORMED ON THE THIRTEENTH DAY OF DECEMBER, A.D. 2017.

OF THE FIFTEENTH DAY OF DECEMBER, A.D. 2017.

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

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Page 1

Authentication: 203770668

Date: 12-15-17

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SR# 20177604742

You may verify this certificate online at corp.delaware.gov/authver.shtml