M800004553

(Re	equestor's Name)	
1		
(Ac	ddress)	
	ddress)	
(At	udiess)	
(Ci	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(D.	uniness (Takih) Nome	
(B)	usiness Entity Name)
(De	ocument Number)	
Certified Copies	Certificates of	f Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



100313063261

05/10/18--01015--028 **125.00

TALLAHASSEE, FLORIDA

JLJ (

COVER LETTER

TO:	Registration Section Division of Corporation	15				
SUBJI	Bear Creek Solar Fa	rm, LLC				
3000		Name of I	Limited Liability (Сотралу		
		eign Limited Liability Comp d to register the above refere				
Please	return all correspondence of	concerning this matter to the	following:			
	Scott Garner					
		N	ame of Person			
	Strata Solar, LL	.c				
		Fi	rm/Company			
	50101 Governo	ors Drive, Suite 208				
			Address			
	Chapel Hill, NO	27517				
		City/S	tate and Zip Code			
	compliance@stra	atasolar.com				
		E-mail address: (to be used	for future annual	report not	ification)	
For fu	rther information concernin	g this matter, please call:				
	Scott Garner		919 at (960-60	15 x219	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
Enclos	sed is a check for the follow \$125.00 Filing Fee	ring amount: S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin	ıg 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 SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

North Carolina	name adopted for the purpose of transacting busine	ess in Florida. The alternst			_
	•		e name must include "Limited L	.mbility Company," "L.E.C," or "L	.LC.")
(Jurisdiction under the law of	which foreign limited liability company is organized	3	(FEI mu	niber, if applicable)	_
A					
April 27, 2018	(Date first transacted business in Florida, it	f prior to registration.)		_	
50101 Governors Dri	(See sections 605,0904 & 605,0905, F.S. t		у)		
(Street Address of		6	(Mailing A	ddress)	_
Chapel Hill, NC 2751	7		<u> </u>		_
					· _
				Ä	
Name and street addre	ess of Florida registered agent: (P.O	O. Box NOT accep	otable)	AY O	
Name:	Corporation Service Company				
Office Address:	1201 Hays Street			27 33 34 34	
					
Office Address.				c.	
egistered agent's acce aving been named as r signated in this applic comply with the provi	Tallahassee (City) ptance: registered agent and to accept serve ation, I hereby accept the appoints sions of all statutes relative to the points and the property of the points are of my position as registered age	ment as registered proper and compl	agent and agree to a	ed liability company at t ct in this capacity. I fut	he j
egistered agent's acce aving been named as r signated in this applic comply with the provi	(City) ptance: registered agent and to accept servi ation, I hereby accept the appoints sions of all statutes relative to the p ns of my position as registered age	ment as registered proper and compl	(Zip c the above stated limite agent and agree to ac	ed liability company at t ct in this capacity. I fut	he j
egistered agent's acce aving been named as r signated in this applic comply with the provi d accept the obligation	ptance: registered agent and to accept servi ation, I hereby accept the appoints sions of all statutes relative to the p ns of my position as registered age	ment as registered proper and comple ent. d agent's signature)	(Zip c the above stated limite agent and agree to a cte performance of m	ed liability company at to ct in this capacity. I fut y duties, and I am famil	he j
egistered agent's acce aving been named as r signated in this applic comply with the provi d accept the obligation	(City) ptance: registered agent and to accept servi ation, I hereby accept the appoints sions of all statutes relative to the p ns of my position as registered age	ment as registered proper and comple ent. d agent's signature) who has/have auth	(Zip c the above stated limite agent and agree to a cte performance of m	ed liability company at to ct in this capacity. I fut y duties, and I am famil	the parties
egistered agent's acce aving been named as r signated in this applic comply with the provi ad accept the obligation	ptance: registered agent and to accept service ation, I hereby accept the appoints sions of all statutes relative to the p ns of my position as registered age (Registered pacity and address of the person(s) Name and Address:	ment as registered proper and comple ent. d agent's signature) who has/have auth	the above stated limite agent and agree to acte performance of m	ed liability company at a ct in this capacity. I fut y duties, and I am famil	the parties
egistered agent's acce aving been named as r signated in this applic comply with the provi id accept the obligation The name, title or cap Title or Capacity:	ptance: registered agent and to accept service ation, I hereby accept the appoints sions of all statutes relative to the plans of my position as registered age (Registered pacity and address of the person(s) Name and Address: Strata Manager, LLC 50101 Governors Drive	ment as registered proper and comple ent. d agent's signature) who has/have auth Title o	the above stated limite agent and agree to acte performance of m	ed liability company at a ct in this capacity. I fut y duties, and I am famil	the parties
gistered agent's accessing been named as resignated in this application with the provided accept the obligation. The name, title or capacity:	ptance: registered agent and to accept serving ation, I hereby accept the appoints sions of all statutes relative to the part of my position as registered agencies and address of the person(s). Name and Address: Strata Manager, LLC	ment as registered proper and comple ent. d agent's signature) who has/have auth Title o	the above stated limite agent and agree to acte performance of m	ed liability company at a ct in this capacity. I fut y duties, and I am famil	the parties
egistered agent's accessiving been named as resignated in this application of the provided accept the obligation. The name, title or capacity:	ptance: registered agent and to accept service ation, I hereby accept the appoints sions of all statutes relative to the plans of my position as registered age (Registered pacity and address of the person(s) Name and Address: Strata Manager, LLC 50101 Governors Drive	ment as registered proper and comple ent. d agent's signature) who has/have auth Title o	the above stated limite agent and agree to acte performance of m	ed liability company at a ct in this capacity. I fut y duties, and I am famil	the parties
egistered agent's accessing been named as resignated in this application comply with the provided accept the obligation. The name, title or capacity:	ptance: registered agent and to accept service ation, I hereby accept the appoints sions of all statutes relative to the plans of my position as registered age (Registered pacity and address of the person(s) Name and Address: Strata Manager, LLC 50101 Governors Drive	ment as registered proper and comple ent. d agent's signature) who has/have auth Title o	the above stated limite agent and agree to acte performance of m	ed liability company at a ct in this capacity. I fut y duties, and I am famil	the parties
egistered agent's acce aving been named as resignated in this applic comply with the provi- ad accept the obligation. The name, title or capacity:	ptance: registered agent and to accept service ation, I hereby accept the appoints sions of all statutes relative to the plans of my position as registered age (Registered pacity and address of the person(s) Name and Address: Strata Manager, LLC 50101 Governors Drive	ment as registered proper and comple ent. d agent's signature) who has/have auth Title o	the above stated limite agent and agree to acte performance of m	ed liability company at a ct in this capacity. I fut y duties, and I am famil	the parties

Typed or printed name of signee



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

BEAR CREEK SOLAR FARM, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 27th day of April, 2018, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of May, 2018.

Elaine I Marshall

Secretary of State

Certification# 102751684-1 Reference# 14596151- Page: 1 of 1 Verify this certificate online at http://www.sosne.gov/verification