M800005/36

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cii	ty/State/Zip/Phone	+)
	(). Out (o. 2. p.). 110 . 11	,
PICK-UP	MAIT	MAIL
(Bı	siness Entity Nan	ne)
(Dc	ocument Number)	
•	,	
Certified Copies	Contificator	of Status
Certified Copies	_ Ceruncates	OI Status
Special Instructions to	Filing Officer:	
	•	





800313307178

05/15/18--01015--025 **155.00

Jan Jan SECRETARY OF SIATE,

115 31-18

1118000046460



May 16, 2018

SONNOVA ENERGY CORPORATION P O BOX 56229 HOUSTON, TX 77256 US

SUBJECT: SUNNOVA ASSET PORTFOLIO 6, LLC

Ref. Number: W18000046460

We have received your document for SUNNOVA ASSET PORTFOLIO 6, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith Regulatory Specialist II Registration Section

Letter Number: 418A00010149

RECFI/ED MBMAY29 AMID:49 IOM OF CORPOT LAHASSEF, FT

Document signed by Registered.

thanks

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	18			
SUBJECT:		PORTFOLIO 6, LLC			
30031.01.		Name of I	Limited Liability C	Company	
The enclosed Existence, ar	I "Application by For ad check are submitte	eign Limited Liability Comp d to register the above refere	oany for Authoriza enced foreign limit	tion to Tra ed liability	unsact Business in Florida," Certificate o y company to transact business in Floric
Please return	all correspondence of	concerning this matter to the	following:		
	LEGAL DEPA	RTMENT			
		N	ame of Person		
	SUNNOVA E	NERGY CORPORATION			
	· · · · · · · · · · · · · · · · · · ·	Fi	rm/Company		
	P.O. BOX 562	29			
			Address		
	HOUSTON, T	EXAS 77256			
		City/S	tate and Zip Code		
	LEGAL@SUNN				
		E-mail address: (to be used	d for future annual	report not	tification)
For further in	aformation concernin	g this matter, please call:			
٨٨	IN SCARPA		281 at (985,989	99
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number
Div Reg P.O	MLING ADDRESS: rision of Corporations gistration Section). Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exc	FADDRESS: of Corporations ion Section Building ecutive Center Circle see, FL 32301
	t check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filin Certified Copy	ig Fee &	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

		aine adopted for the purpose of transacting business in Florida,		Liability Company," "L.L.C," or "LLC,")	
2. <u>l</u>	DELAWARE	nich foreign limited liability company is organized)	3. <u>\$1-1948713</u>	anber, il applicable)	
	Contradiction funder the 1946 of Au	nen toreign named naounty company is organized)	(१८) त	ander, ii applicabie)	
4.					
		(Date first transacted business in Florida, if prior to regist (See sections 605,0904 & 605,0905, F.S. to determine po	tration.) enalty liability)		
5.	20 GREENWAY PLA		6. P.O. BOX 56229		
	(Street Aildress of I SUITE 475	rincipal Office)	(Mailing A HOUSTON, TEXAS 772		
		70.16	——————————————————————————————————————		
-	HOUSTON, TEXAS 7	7040			T
_				15%	
7.	Name and street addres	s of Florida registered agent: (P.O. Box <u>N</u>	OT acceptable)		1
	Name:	CORPORATION SERVICE COMPANY	, 	AH IO: DEFA DEFCOR	11
	Office Address:	1201 HAYS STREET		<u> </u>	
	Office Address.			£ 2	
		TALLAHASSEE (City)	, Florida 32301	code)	
des to c	comply with the provisi	tion, I hereby accept the appointment as re ons of all statutes relative to the proper an	gistered agent and agree to a d complete performance of m	y duties, and I am familiar with	ree
des to c	comply with the provisi	tion, I hereby accept the appointment as re	gistered agent and agree to a d complete performance of m Holly Jone Assistant Vice P	ct in this capacity. I further ag ny duties, and I am familiar with	rec
des 10 c and	comply with the provisi I accept the obligation.	tion, I hereby accept the appointment as refore on sof all statutes relative to the proper and sof my position as registered agent.	egistered agent and agree to a did complete performance of mind Holly Jone Assistant Vice P	ct in this capacity. I further ag ny duties, and I am familiar with 28 resident	rec
des 10 c and	comply with the provisi I accept the obligation.	tion, I hereby accept the appointment as resons of all statutes relative to the proper and sofmy position as registered agent.	egistered agent and agree to a did complete performance of mind Holly Jone Assistant Vice P	ct in this capacity. I further ag ny duties, and I am familiar with 28 resident	rec
des 10 c and	comply with the provising accept the obligation. The name, title or capa	tion, I hereby accept the appointment as resons of all statutes relative to the proper and sof my position as registered agent. (Registered agent's signal acity and address of the person(s) who has/hi	egistered agent and agree to a discomplete performance of mind Holly Jone Assistant Vice P	ct in this capacity. I further ag ny duties, and I am familiar with es resident	ree
des 10 c and	The name, title or capa	tion, I hereby accept the appointment as resons of all statutes relative to the proper and soft my position as registered agent. (Registered agent's signal acity and address of the person(s) who has/his Name and Address:	egistered agent and agree to a d complete performance of m Holly Jone Assistant Vice P (Assistant Vice	ct in this capacity. I further ag by duties, and I am familiar with SS resident : Name and Address:	ree h <u>TE 4</u> 75
des 10 c and	The name, title or capa	tion, I hereby accept the appointment as reforms of all statutes relative to the proper and a first of my position as registered agent. (Registered agent's signal acity and address of the person(s) who has/hame and Address: WALTER A. BAKER 20 GREENWAY PLZ, STE 475 HOUSTON, TEXAS 77046 JORDAN KOZAR	egistered agent and agree to a d complete performance of m Holly Jone Assistant Vice P (Assistant Vice	ct in this capacity. I further ag by duties, and I am familiar with SS resident Name and Address: WILLIAM J. BERGER 20 GREENWAY PLZ, ST	ree h <u>TE 4</u> 75
des 10 c and	The name, title or capaarities or Capaarities or Capacity:	tion, I hereby accept the appointment as reforms of all statutes relative to the proper and a sof my position as registered agent. (Registered agent's signal acity and address of the person(s) who has/hame and Address: WALTER A. BAKER 20 GREENWAY PLZ, STE 475 HOUSTON, TEXAS 77046	egistered agent and agree to a d complete performance of m Holly Jone Assistant Vice P (Assistant Vice	ct in this capacity. I further ag by duties, and I am familiar with SS resident Name and Address: WILLIAM J. BERGER 20 GREENWAY PLZ, ST	ree h <u>TE 4</u> 75
des to c and 8.	The name, title or capa Title or Capacity: SECRETARY	tion, I hereby accept the appointment as refore of all statutes relative to the proper and sof my position as registered agent. (GLU (Registered agent) (Registered agent)	egistered agent and agree to a d complete performance of m Holly Jone Assistant Vice P (Assistant Vice	ct in this capacity. I further ag by duties, and I am familiar with SS resident Name and Address: WILLIAM J. BERGER 20 GREENWAY PLZ, ST	ree h <u>TE 4</u> 75
des to c and 8.	The name, title or capa Title or Capacity: SECRETARY CFO se attachments if neces	tion, I hereby accept the appointment as reforms of all statutes relative to the proper and soft my position as registered agent. (Registered agent's signal acity and address of the person(s) who has/hame and Address: WALTER A. BAKER 20 GREENWAY PLZ, STE 475 HOUSTON, TEXAS 77046 JORDAN KOZAR 20 GREENWAY PLZ, STE 475 HOUSTON, TEXAS 77046	egistered agent and agree to a d complete performance of medical Holly Jone Assistant Vice Pature) ave authority to manage is/are Title or Capacity:	ct in this capacity. I further ag by duties, and I am familiar with 88 198 198 198 198 198 198 198	ree h <u>FE 4</u> 75 <u>IG</u>
8. (U	The name, title or capa Title or Capacity: SECRETARY CFO se attachments if neces	tion, I hereby accept the appointment as reforms of all statutes relative to the proper and soft my position as registered agent. Color of the proper and the proper and soft my position as registered agent. Color of the present's signal acity and address of the person(s) who has/hame and Address: WALTER A. BAKER 20 GREENWAY PLZ, STE 475 HOUSTON, TEXAS 77046 JORDAN KOZAR 20 GREENWAY PLZ, STE 475 HOUSTON, TEXAS 77046 sary) of existence, no more than 90 days old, duly of which it is organized. (If the certificate is	egistered agent and agree to a d complete performance of me Holly Jone Assistant Vice Pature) ave authority to manage is/are Title or Capacity: CEO	ct in this capacity. I further ag by duties, and I am familiar with 88 108 108 108 108 108 108 108	TE 475
8. (U 9. / juri of t	The name, title or capa Title or Capacity: SECRETARY CFO se attachments if neces Attached is a certificate sdiction under the law he translator must be sure.	tion, I hereby accept the appointment as reforms of all statutes relative to the proper and soft my position as registered agent. Color of the proper and the proper and soft my position as registered agent. Color of the present's signal acity and address of the person(s) who has/hame and Address: WALTER A. BAKER 20 GREENWAY PLZ, STE 475 HOUSTON, TEXAS 77046 JORDAN KOZAR 20 GREENWAY PLZ, STE 475 HOUSTON, TEXAS 77046 sary) of existence, no more than 90 days old, duly of which it is organized. (If the certificate is	rgistered agent and agree to a d complete performance of me Holly Jone Assistant Vice Paure) ave authority to manage is/are Title or Capacity: CEO y authenticated by the official in a foreign language, a translet (b), Florida Statutes, I am away.	ct in this capacity. I further ag by duties, and I am familiar with BS Tesident Name and Address: WILLIAM J. BERGER 20 GREENWAY PLZ, ST HOUSTON, TEXAS 7704 having custody of records in the lation of the certificate under oal	E 47:

Typed or printed name of signee

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

IN COMPILANCE WITH SECTION 605-6002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name mavailable, enter alternate n	ame adopted for the purpose of transacting busin	ness in Florida. The alternate name must include "Limit	ted Liability Company," "L.1, C," or "LEC")
DELAWARE		3. 81-1948713	
(Jurisdiction under the law of wh	nch foreign limited hability company is organize	d) (FI	I number, (l'applicable)
	(Date first transacted business in Florida, t (See sections 605 0904 & 605 0905, F.S.)	if prior to registration) to determine penalty liability)	
20 GREENWAY PLA		6. P.O. BOX 56229	
(Street Address of I SUITE 475	rancipal Office)	(Mailu HOUSTON, TEXAS	ng Address) 77256
HOUSTON, TEXAS 7	7046	110001011111111111111111111111111111111	1120
110031011, 15771117	70-TG		
Name and street address	s of Florida registered agent: (P.)	O. Roy NOT accontable)	A 3
isame and succe addres		•	AE A
Name:	CORPORATION SERVICE CO	OMPANY	29 29 885
Office Address:	1201 HAYS STREET		
	TALLAHASSEE	. Florida <u>32301</u>	
	(Cuy)		Zap code)
aving been named as re signated in this applica comply with the provise	gistered agent and to accept serv tion, I hereby accept the appoint	vice of process for the above stated line ment as registered agent and agree to proper and complete performance of ent.	o act in this capacity. I further agre
aving been named as re esignated in this applica comply with the provise	gistered agent and to accept serv tion, I hereby accept the appoint ions of all statutes relative to the s of my position as registered age	ment as registered agent and agree to proper and complete performance of ent.	o act in this capacity. I further agre
aving been named as re esignated in this applica comply with the provise	gistered agent and to accept serv tion, I hereby accept the appoint ions of all statutes relative to the s of my position as registered age	ment as registered agent and agree to proper and complete performance of	o act in this capacity. I further agre
aving been named as resignated in this applica comply with the provisad accept the obligation	gistered agent and to accept serv tion, I hereby accept the appoint ons of all statutes relative to the s of my position as registered age	ment as registered agent and agree to proper and complete performance of ent.	o act in this capacity. I further agre f my duties, and I am familiar with
aving been named as resignated in this applica comply with the provisal accept the obligation. The name, title or capa	gistered agent and to accept servition. I hereby accept the appointment on sof all statutes relative to the sof my position as registered agenticated agenticated address of the person(s)	ment as registered agent and agree to proper and complete performance of ent. ed agent's signature) who has/have authority to manage is/	o act in this capacity. I further agre f my duties, and I am familiar with a
aving been named as resignated in this applica comply with the provisad accept the obligation The name, title or caps Title or Capacity:	gistered agent and to accept servition. I hereby accept the appoint fons of all statutes relative to the sof my position as registered agenticated address of the person(s) Name and Address:	ment as registered agent and agree to proper and complete performance of ent. ed agent's signature) who has/have authority to manage is/s Title or Capacity: CEO STE 475	o act in this capacity. I further agre f my duties, and I am familiar with are: Name and Address:
Taving been named as recessionated in this applicate comply with the provisional accept the obligation. The name, title or capatitle or Capacity: SECRETARY	gistered agent and to accept servition, I hereby accept the appoint fons of all statutes relative to the sof my position as registered agenticity and address of the person(s) Name and Address: WALTER A. BAKER 20 GREENWAY PLZ, HOUSTON, TEXAS 7	ment as registered agent and agree to proper and complete performance of ent. ed agent's signature) who has/have authority to manage is/s Title or Capacity: CEO STE 475	o act in this capacity. I further agref my duties, and I am familiar with are: Name and Address: WILLIAM J. BERGER 20 GREENWAY PLZ, STE
aving been named as resignated in this applica comply with the provisad accept the obligation The name, title or caps Title or Capacity:	gistered agent and to accept servition, I hereby accept the appoints fons of all statutes relative to the sof my position as registered agenticity and address of the person(s) Name and Address: WALTER A. BAKER 20 GREENWAY PLZ. HOUSTON, TEXAS 7	ment as registered agent and agree to proper and complete performance of ent. Ed agent's signature) who has/have authority to manage is/s Title or Capacity: CEO STE 475	o act in this capacity. I further agref my duties, and I am familiar with are: Name and Address: WILLIAM J. BERGER 20 GREENWAY PLZ, STE
aving been named as resignated in this application comply with the provisal accept the obligation. The name, title or capatities or Capacity: SECRETARY	gistered agent and to accept servition, I hereby accept the appoint fons of all statutes relative to the sof my position as registered agencity and address of the person(s) Name and Address: WALTER A. BAKER 20 GREENWAY PLZ. HOUSTON, TEXAS 7	ment as registered agent and agree to proper and complete performance of ent. Ed agent's signature) who has/have authority to manage is/s Title or Capacity: CEO STE 475	o act in this capacity. I further agref my duties, and I am familiar with are: Name and Address: WILLIAM J. BERGER 20 GREENWAY PLZ, STE
aving been named as resignated in this application comply with the provisal accept the obligation. The name, title or capatitle or Capacity: SECRETARY CFO	gistered agent and to accept servition, I hereby accept the appoint fons of all statutes relative to the sof my position as registered agencity and address of the person(s) Name and Address: WALTER A. BAKER 20 GREENWAY PLZ. HOUSTON, TEXAS 7	ment as registered agent and agree to proper and complete performance of ent. Ed agent's signature) who has/have authority to manage is/s Title or Capacity: CEO STE 475	o act in this capacity. I further agref my duties, and I am familiar with are: Name and Address: WILLIAM J. BERGER 20 GREENWAY PLZ, STE
aving been named as resignated in this applicate signated in this application of accept the obligation. The name, title or capatite or Capacity: SECRETARY CFO Use attachments if necess Attached is a certificate risdiction under the law	gistered agent and to accept servition, I hereby accept the appoint fons of all statutes relative to the statutes relative to the statutes of my position as registered agencity and address of the person(s) Name and Address: WALTER A. BAKER 20 GREENWAY PLZ. HOUSTON, TEXAS 7 JORDAN KOZAR 20 GREENWAY PLZ. HOUSTON, TEXAS 7 sary) of existence, no more than 90 day of which it is organized. (If the ce	ment as registered agent and agree to proper and complete performance of ent. Ed agent's signature) who has/have authority to manage is/s Title or Capacity: CEO STE 475	are: Name and Address: WILLIAM J. BERGER 20 GREENWAY PLZ. STE HOUSTON, TEXAS 77046
aving been named as resignated in this applicate comply with the provisional accept the obligation. The name, title or capatity: SECRETARY CFO Use attachments if necess Attached is a certificate risdiction under the law the translator must be seen application of the seen acceptance of the seen	gistered agent and to accept servition, I hereby accept the appoint fons of all statutes relative to the sof my position as registered agencity and address of the person(s) Name and Address: WALTER A. BAKER 20 GREENWAY PLZ. HOUSTON, TEXAS 7 JORDAN KOZAR 20 GREENWAY PLZ. HOUSTON, TEXAS 7 sary) of existence, no more than 90 day of which it is organized. (If the coubmitted)	ment as registered agent and agree to proper and complete performance of ent. ed agent's signature) who has/have authority to manage is/s Title or Capacity: CEO STE 475 7046 ys old, duly authenticated by the office ertificate is in a foreign language, a training to the property of the property	are: Name and Address: WH.LIAM J. BERGER 20 GREENWAY PLZ. STE HOUSTON, TEXAS 770-46
caving been named as revignated in this applicate comply with the provise and accept the obligation. The name, title or caparate or Capacity: SECRETARY CFO Use attachments if necess. Attached is a certificate or instruction under the law of the translator must be second. This document is executed.	gistered agent and to accept servition. I hereby accept the appoints ons of all statutes relative to the sof my position as registered agencity and address of the person(s) Name and Address: WALTER A. BAKER 20 GREENWAY PLZ. HOUSTON, TEXAS 7 JORDAN KOZAR 20 GREENWAY PLZ. HOUSTON, TEXAS 7 sary) of existence, no more than 90 day of which it is organized. (If the equipment of the accordance with section 60 uted in accordance with accordance with section 60 uted in	ment as registered agent and agree to proper and complete performance of ent. ed agent's signature) who has/have authority to manage is/s Title or Capacity: CEO STE 475 7046 ys old, duly authenticated by the offic	are: Name and Address: WH.LIAM J. BERGER 20 GREENWAY PLZ. STE HOUSTON, TEXAS 770-46 ial having custody of records in the anslation of the certificate under oath
esignated in this applicate comply with the provise and accept the obligation. The name, title or caparity: SECRETARY CFO Use attachments if necess. Attached is a certificate prisdiction under the law of the translator must be second to comply the complete the second to the seco	gistered agent and to accept servition, I hereby accept the appoint fons of all statutes relative to the sof my position as registered agencity and address of the person(s) Name and Address: WALTER A. BAKER 20 GREENWAY PLZ. HOUSTON, TEXAS 7 JORDAN KOZAR 20 GREENWAY PLZ. HOUSTON, TEXAS 7 sary) of existence, no more than 90 day of which it is organized. (If the coubmitted)	ment as registered agent and agree to proper and complete performance of ent. ed agent's signature) who has/have authority to manage is/s Title or Capacity: CEO STE 475 7046 ys old, duly authenticated by the office ertificate is in a foreign language, a training to the property of the property	are: Name and Address: WILLIAM J. BERGER 20 GREENWAY PLZ. S HOUSTON, TEXAS 770

Typed or printed name of signee

WALTER A. BAKER

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SUNNOVA ASSET PORTFOLIO 6, 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 SEVENTH DAY OF MAY, A.D. 2018.

Authentication: 202642100

Date: 05-07-18

5991199 8300

SR# 20183364918