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(City/State/Zip/Phone #)
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 27, 2018

MONICA POSADA 1800 W. ASHTON BLVD LEHI, UT 84043

SUBJECT: VIVINT SOLAR ASSET 1 PROJECT COMPANY, LLC

Ref. Number: W18000068792

We have received your document for VIVINT SOLAR ASSET 1 PROJECT COMPANY, LLC and your check(s) totaling \$125.00. 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 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, pleasestall (850) 245-6051.

Deborah Bruce Corporate Records Supervisor Letter Number: 118A00015530 STATE ST

## COVER LETTER

TO:		tration Section on of Corporatio	ans						
SUBJE			1 Project Company, LLC						
0.012417	~			Limited Liability	Company		<del></del>		
			oreign Limited Liability Comed to register the above refer						
Please r	eturn al	l correspondence	concerning this matter to the	e following:					
		Monica Posad	a						
			N	ame of Person					
		Vivint Solar, I	ne.						
			F	irm/Company					
		1800 W. Ashte	on Boulevard						
				Address			<del></del>	20	
		Lehi, Utah 840	043				ESA	2010 AUG 30	٦j.
			City/S	State and Zip Code	;		3.5	jg 3	
		monica.posada@	Dvivintsolar.com				SES SES		يدوريسي
		<u> </u>	E-mail address; (to be use	d for future annua	report no	tification)		PH	green;
For furth	ner info	rmation concerning	ng this matter, please call:				LORIDA	2:49	ممدير بيها
	Monic	a Posada		385 at (	288-18	06	7.5	•	
		Name	of Contact Person	Area Code	Day	rtime Telephone Num	ber		
	Division Registr P.O. B	ING ADDRESS on of Corporation ration Section ox 6327 assee, FL 32314	<u>:</u> s		Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding scutive Center Circle see, FL 32301			
Enclosed		eck for the follov 5.00 Fiting Fee	ving amount:  \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Fili Certified Copy		□ \$160.00 Filing F of Status & Certifie		ficate	

## 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 COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(It name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	nda. The alternate name must include "Limiti	ed Lubility Commany," "L. L.C. for TLLC ")
o Delaware		3	
(Jurisdiction under the law of v	which foreign firtuled liability company is organized)	(Fi:	number, if applicable)
4/17/2018			
· ·	(Date first transacted business in Honda, if prior to t (See sections 605 0904 & 605 0905, F.S. to determine	registration ) ne penalty (ability)	<del></del>
5. 1800 W. Ashton Boul		6. 1800 W. Ashton Bould	evard
(Street Address of	Principal (Ithice)	(Mailing	. Address A
Lehi, Utah 84043		Lehi, Utah 84043	<u> </u>
			3.5° A
			37 E 20 Pm
7. Name and street addre	ess of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	C T Corporation System	<u> </u>	
Office Address:	1200 South Pine Island Road		IORS IX
211112112211341	Plantation, Florida	22224	ê£ <b>£</b>
	(City)	Florida 33324	io code)
to comply with the provis	tions of all statutes relative to the proper is of my position as registered agent.	and complete performance of Jan	nes M. Halpin
to comply with the provis and accept the obligation	tions of all statutes relative to the proper is of my position as registered agent.	and complete performance of  Jan  Ass	my duties, and I am familiar with NES M. Halpin sistant-Secretary
to comply with the provis and accept the obligation	tions of all statutes relative to the proper is of my position as registered agent.	and complete performance of  Jan  Ass	my duties, and I am familiar with NES M. Halpin sistant-Secretary
to comply with the provisand accept the obligation  8. The name, title or cap	ions of all statutes relative to the proper is of my position as registered agent.  Output  Ou	Jan	my duties, and I am familiar with  Nes M. Halpin  sistant-Secretary
to comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity:	acity and address of the person(s) who ha  Name and Address:  David Bywater  1800 W. Ashion Boulevard	Jan  Jan  Ass  s/have authority to manage is/au  Title or Capacity:	my duties, and I am familiar with  Nes M. Halpin sistant-Secretary  re:  Name and Address:  C. Dan Black 1800 W. Ashion Boulevard
to comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity:	acity and address of the person(s) who ha  Name and Address:  David Bywater	Jan  Jan  Ass  s/have authority to manage is/au  Title or Capacity:	my duties, and I am familiar with  Nes M. Halpin sistant-Secretary  re:  Name and Address:  C. Dan Black
to comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity:	acity and address of the person(s) who ha  Name and Address:  David Bywater  1800 W. Ashion Boulevard	Jan  Jan  Ass  s/have authority to manage is/au  Title or Capacity:	my duties, and I am familiar with  Nes M. Halpin sistant-Secretary  re:  Name and Address:  C. Dan Black 1800 W. Ashion Boulevard
8. The name, title or cap Title or Capacity: CEO	acity and address of the person(s) who has  Name and Address:  David Bywater  1800 W. Ashton Boulevard Lehi, Utah 84043	Jan  Jan  Ass  s/have authority to manage is/au  Title or Capacity:	my duties, and I am familiar with  Nes M. Halpin sistant-Secretary  re:  Name and Address:  C. Dan Black 1800 W. Ashion Boulevard
8. The name, title or cap Title or Capacity: CEO	acity and address of the person(s) who has Name and Address:  David Bywater  1800 W. Ashton Boulevard Lehi, Utah 84043	and complete performance of  Jan  Asserting to manage is/as  Title or Capacity:  Chief Legal Officer	my duties, and I am familiar with  nes M. Halpin sistant-Secretary  re:  Name and Address: C. Dan Black 1800 W. Ashton Boulevard Lehi, Utah 84043
8. The name, title or cap Title or Capacity: CEO  (Use attachments if neces urisdiction under the law	acity and address of the person(s) who has Name and Address:  David Bywater  1800 W. Ashton Boulevard Lehi, Utah 84043	and complete performance of  Jan  Assertance)  S/have authority to manage is/as  Title or Capacity:  Chief Legal Officer  duly authenticated by the official	my duties, and I am familiar with  nes M. Halpin sistant-Secretary  re:  Name and Address: C. Dan Black 1800 W. Ashton Boulevard Lehi, Utah 84043
8. The name, title or cap Title or Capacity: CEO  (Use attachments if neces urisdiction under the law of the translator must be second. This document is executed.	acity and address of the person(s) who has Name and Address:  David Bywater  1800 W. Ashton Boulevard Lehi, Utah 84043	Associative)  Associative  Chief Legal Officer  duly authenticated by the official is in a foreign language, a transport of the control of th	my duties, and I am familiar with  Nes M. Halpin sistant-Secretary  re:  Name and Address:  C. Dan Black  1800 W. Ashton Boulevard  Lehi, Utah 84043  all having custody of records in the islation of the certificate under oath
8. The name, title or cap Title or Capacity: CEO  (Use attachments if neces urisdiction under the law of the translator must be second. This document is executed.	acity and address of the person(s) who has Name and Address:  David Bywater  1800 W. Ashton Boulevard Lehi, Utah 84043  ssary)  To of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted)	Associative)  Associative  Chief Legal Officer  duly authenticated by the official is in a foreign language, a transport of the control of th	my duties, and I am familiar with  Nes M. Halpin sistant-Secretary  re:  Name and Address:  C. Dan Black  1800 W. Ashton Boulevard  Lehi, Utah 84043  all having custody of records in the islation of the certificate under oath
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIVINT SOLAR ASSET 1 PROJECT COMPANY, 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-SEVENTH DAY OF JUNE, A.D. 2018.

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

Authentication: 202972752

Date: 06-27-18

6848693 8300 5R# 20185406412

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