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11/28/2018



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From:			29	
	Account Name : C T CORPORATION SYSTEM	121		i
	Account Number : FCA00000023	10	-	m
	Phone : (614)280-3338		1	<u>E 3</u>
	Fax Number : (954)208-0845	55	ŝ	تو ت
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**Enter	the email address for this business entity to be used for future	-		
anr	nual report mailings. Enter only one email address please.**			
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Foreign Limited Liability Company Sunrun Cygnus Owner 2018, LLC Certificate of Status Û 0 Certified Copy 1 : 03 Page Count ö \$155.00 Estimated Charge Ch Ā 2018 80 i. ŗ

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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 FOREKIN-LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Summin Cygnus Owner 2018, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name trust include "Limited LinkCity Company," "LLC," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)

3. ____ (FEI number, if applicable)

4.							
		(Date find transacted business in Florida, if prio (See accising 605.0904 & 605.0905, F.S. to det	erreine penalty	a) Liabelny}	در بن سر		
ç	595 Market Street, 290	h Floor	6.	595 Market Street, 29th Floor		CO!	
3.	(Street Address of P	tineipel Office)		(Mailing Address)		NO	
	San Francisco, CA 941	05		San Francisco, CA 94105	22	¥	Τj
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					, in the second se	200	111
7.	Name and street addres	is of Florida registered agent: (P.O. F	box <u>NOT</u>	acceptable)	·		5
	Name:	C T Corporation System				Ö	-
	Office Address:	1200 South Pine Island Road			ů. Čím	õ	
		Plantation		, Florida <u>33324</u>			
		(Un)		(Zip code)			
H	signated in this applica	gistered agent and to accept service aton. I hereby accept the appointment	nt as regis	i for the above stated limited liability of tered agent and agree to act in this ca Emplete performance of my duties, an	фасну. Тритпе	er agre	e
	d against the obligation	s of my position as registered avent.					

(Resustanted agent 5 Set 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Title or Capacity:

C T Corporation System

Scoretary, Sunrun Inc.	Jeanna Steele 595 Market Street, 29th Floor San Francisco, CA 94105	

1 stuther

Assistant Securiary

(Use attachments if necessary)

By:

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 oath 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.

Sugnature of an subbrized perion	•	J7
and the second for the Pale Manhar		Sugnature of an authorized person
Jeanna Steele, Secretary of Sunrun Inc., Sole Member	Jeanna Steele, Secretary	of Sunrun Inc., Sole Member

Typed or praged turns of signer



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNRUN CYGNUS OWNER 2018, 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-EIGHTH DAY OF NOVEMBER, A.D. 2018.

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

> FILED 18 NOV 29 AN ID: 08

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Authentication: 203980817 Date: 11-28-18