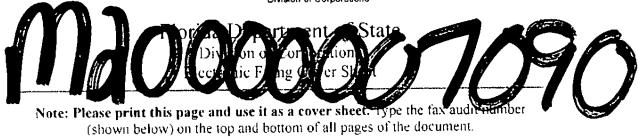
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Division of Corporations



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To:	Division of Corporations		
	Fax Number : (850)617-6383		
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	Account Number : FCA000000023	ON STOTE!	
	Phone : (614)280-3338		
	Fax Number : (954)208-0845		; 55
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Electronic Filing Menu

Corporate Filing Menu

Help Ar Say

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

IN COMPLIANCE WITH SECTION 015,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN, LIMITED FLABILITY COMPANY TO TRANSACT BUNDLESS IN THE STATE OF FLORIDA:

1. Pinecrest Solar Farm (Name of Foreign I.	i, LLC imited Liability Company; must include "Lim	ted Liability Company, L	L.C.," or "LLC.")		···
Delaware	me adopted for the purpose of transacting business in F				. **** 1 1*	" ILI2' '
It name unavailable, enter alternate na	me adopted for the purpose of transacting business in b	Florida. The alternate name must	n.:lede "Limited L	atentry Compa	u) wrc	OF EAC
2	ch fineign limited liability company is organized)	3	#12 na	ober al'nombre	iblei	
(Jurisdaman under the law of wh	ch fineign limited (ability company is organized)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
4.						
	(Date hist transacted business in Florida, if prior (See accurace 635 0904 & 605 0905, F.S. to dete-	to registration (course panalty liability)				
5. 350 West Washington	St. Suite 500	6	(Mailing A	Hossis	-	
5. (Sheet Address of Pr	nacipal Culica)		(wanting N		2:	
Tempe, AZ 85281					202	 , ,
				ک د	(E)	ئ ئ مساوسہ بدائر
7. Name and street address	s of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)			U V	
Name [.]	C T Corporation System				g	
Office Address:	1200 South Pine Island Road					
	Plantation	Flo	33324 rida			
	(Civ)		։2-թ	iode)		

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Ву:	C.T. Corporation System Lisa Dubois - Assistant Secretary
	(9 movement over)'s rich aline)

8 For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: Beth Deane	Manager	Name:	
Member	Address:	Member	Address:	
X Authorized	135 Main Street, 6th Floor	Authorized		
Person	San Francisco, CA 94105	Person		
Other	Other	Other		Other
Manager	Name:	☐ Manager	Name:	
Member	Address:	Member	Address	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
☐Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
9. Attached is a coljurisdiction under to the translator mu	is executed in accordance with section 605,0203 (ument to the Department of State constitutes a third Desussigneetry.	ida Department of Statuly authenticated by the is in a foreign kanguage (1) (b), Florida Statute:	e Annual Rep e official havi e. a translation	or torm. Ingleustody of records in the condition of the certificate under out that any false information

Exped (a printed name of signer

Beth Deane

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "PINECREST SOLAR FARM, 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 ELEVENTH DAY OF AUGUST, A.D. 2020.

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

eat corp delaware gov/auth

Authentication: 203446301

Date: 08-11-20