Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another cover sheet.	
To:		
10.	Division of Corporations	52
	Fax Number : (850)617-6383	OF STAT
		ណ្ឌស្ម
From:	A A NEW CORPORATION SERVICE COMPANY	四至
	Account Name : CORPORATION SERVICE COMPANY Account Number : I20000000195	1 7
	Phone : (850)521-0821	
	Fax Number : (850)558-1515	
**Enter	the email address for this business entity to be	used for future
ani	nual report mailings. Enter only one email address	piease.**
Em	ail Address:	··

STOREY BEND SOLAR, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

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Help

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t .		COVER LETTER	
	Registration Section Division of Corporations	·	
	Storey Bend Solar, LLC		
SUBJEC'	Nam Nam	ne of Limited Liability Company	
The enclo Existence	osed "Application by Foreign Limited Liability , and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certic referenced foreign limited liability company to transact business in	ficate o Florida
Please ret	turn all correspondence concerning this matter	to the following:	
	Cynthia Collado		
		Name of Person	
	Storey Bend Solar, LLC	2	
		Firm/Company	المكتمة
	700 Universe Blvd.	THE THE	ا ا تعویب تانید :
		Address	; [***
	Juno Beach, FL 33408	City/State and Zip Code TT F	ا معمر معمر
		City/State and Zip Code	•
	Corporate-Governance.SharedMail	FV3	•
	E-mail address: (to	be used for future annual report notification)	
For furthe	er information concerning this matter, please c	vall	
	Cynthia Collado	561 304-5923	
	Name of Contact Person	Area Code Daytime Telephone Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following amount. Please make check payable to. FLORIDA DE	EPARTMENT OF STATE	ficate

Certificate of Status

Certified Copy

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

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company, must include "Limited		
(If name unavailable, order alternate)	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited l	Liability Company " "L L C." or "LLC ")
Delaware		3	
2. (Jurisdiction under the isw of w	hich foreign limited liability company is organized)	3. (Fill nun	nber, if applicable)
Upon Filing			20211
·	(Date first transacted business in Fiorida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determin	gistration) e penalty liability)	
700 Universe Blvd	Attn: CORP GOV	700 Universe Blvd., Atte	n: CORP GOV
(Street Address of Principal Office)		(Mailing Address)	7.9 P
Juno Beach, FL 334	08	Juno Beach, FL 33408	SEE ST
7. Name and street address	ss of Florida registered agent. (P.O. Box David M. Lee	<u>NOT</u> acceptable)	
Name.			
Office Address.	700 Universe Blvd., Attn: LAW/JB		
	Juno Beach	33408	
	(Cay)	Florida (Zip code)	
designated in this applicate to comply with the provis	stance: egistered agent and to accept service of parties, I hereby accept the appointment as ions of all statutes relative to the proper of soft my position as registered agent. David M. Lee By:	registered agent and agree to ac-	t in this capacity. I further agre

(Registered agent's signature)

2/1/2021 1:46:31 PM PAGE 4/005

manage [up to six (6 Title or Capacity:	Name and Address:	Title or Capacit	y: Name and Ado	ir <u>ess</u> :
☐ Manager	Name. ESI Energy, LLC	□Manager	Name	
≅ Member	Address. 700 Universe Blvd., LAW/JB	□Member	Address.	
□Authorized	Juno Beach, FL 33408	□Authorized		
Person		Person	·	
Other	Other	□Other	□Other	_
□Manager	Name	□Manager	Name.	
□Member	Address.	□Member	Address.	-37
□Authorized		□Authorized	<u> </u>	E-CHILL CONTRACTOR
Person		Person		ا ا
Other	Other	Other		
□Manager	Name.	□Manager	Name.	
□Member	Address.	□Member	Address	
□Authorized		□Authorized		
Person		Person		
[]Other	□ Other	□Other	□ Other	

Important Notice_Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

□Other____

- 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.

- Authoral Plotsky	
	Signature of an authorized person
Melissa A. Plotsky	
	Typed or printed name of signee

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "STOREY BEND SOLAR, 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 FIRST DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STOREY BEND SOLAR, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2020.

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

Authentication: 202410069

Date: 02-01-21

4476325 8300 SR# 20210284630