Malogopasia

(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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MS MS CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 679492 8268139

AUTHORIZATION

COST LIMIT

ORDER TIME : 10:11 AM

ORDER NO. : 679492-010

ORDER DATE: February 24, 2021

CUSTOMER NO: 8268139

FOREIGN FILINGS

NAME: SUNRUN LUNA HOLDCO 2021, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER:

COVER LETTER

TO:

ro:	Registration Section Division of Corporations							
SUBJE	Sunrun Luna Holdco 2021, LLC							
Name of Limited Liability Company								
		lity Company for Authorization to Transact Business in Florida," ove referenced foreign limited liability company to transact busin						
Please re	eturn all correspondence concerning this mat	ter to the following:						
	Jami Day							
		Name of Person						
	Sunrun Inc.							
		Firm/Company	207					
	225 Bush Street, Suite 1400		11 FEB 21	7				
		Address	26	i				
	San Francisco, CA 94104	13.05 10.05 10.05	-P					
	corplegal@sunrun.com	City/State and Zip Code	PH 4:51					
	E-mail address: (to be used for future annual report notification)						
For furtl	ner information concerning this matter, pleas	e call:						
	Jami Day	385 455-5517						
	Name of Contact Person	Area Code Daytime Telephone Number						
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee						
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
	Enclosed is a check for the following amount Please make check payable to: FLORIDA I S125.00 Filing Fee S130.00 Filing Certification	DEPARTMENT OF STATE						

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

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Fl	lorida, The	alternate name must in	Ciude Ciniilea Cizolia	y Company,"	"LLC," o	r"L	
Delaware			86-2123570					
(Jurisdiction under the law of which foreign limited liability company is organized)		3.		(FEI number, if applicable)				
	(Date first transacted business in Florida if prior to	registration				FEB		
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine	ine penalty	liability)		2.17	26	1	
225 Bush Street, Suite 1400			225 Bush Street, Suite 1400			70	1	
net Address of Principal Office)		0.	(Mailing Addre	:55)	N III	Ph. h: 5	_	
San Francisco, CA 94104			San Francisco, CA 94104					
Name and street address	ss of Florida registered agent: (P.O. Box	NOT a	acceptable)					
Name and street address Name:	Sof Florida registered agent: (P.O. Box Corporation Service Company	NOT a	acceptable)				_	
_		NOT a	acceptable)					
Name:	Corporation Service Company	NOT a	acceptable)	32301				

ree 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.

Corporation Service Company

By: Swanda & Feliner (Registered agent's signature)

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: Sunrun Inc.	□Manager	Name:						
■Member	Address: 225 Bush Street	□Member	Address:						
□Authorized	Suite 1400	□Authorized							
Person	San Francisco, CA 94104	Person							
□Other	Other	□Other	Other 2						
□Manager	Name:	□Manager	Name:						
□Member	Address:	□Member	Address:						
□Authorized		□Authorized	四三 5						
Person		Person							
□Other	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. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.									
(, R)									
Signature of an authorized person									

Sundance Banks

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNRUN LUNA HOLDCO 2021, 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-SIXTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNRUN LUNA HOLDCO 2021, LLC" WAS FORMED ON THE TENTH DAY OF FEBRUARY, A.D. 2021.

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

5067761 8300 SR# 20210663894



Authentication: 202602220

Date: 02-26-21