M21000006179

(Requestor's Name)					
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P.CX-1	WAIT MAIL				
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Certified Copies	Certificates of Status				
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:24 31 1011 inible; CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 822295 8268139

AUTHORIZATION

COST LIMIT : C\$ \125.00

ORDER DATE : May 19, 2021

ORDER TIME : 10:16 AM

ORDER NO. : 822295-030

CUSTOMER NO: 8268139

••••

FOREIGN FILINGS

NAME: SUNRUN TRITON OWNER 2021, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

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:	Registration Section Division of Corporations						
SUBJE	Sunrun Triton Owner 2021, LLC						
Name of Limited Liability Company							
		ompany for Authorization to Transact Business in Florida," Certificate of ferenced foreign limited liability company to transact business in Florida.					
Please	return all correspondence concerning this matter to	the following:					
	Jami Day						
		Name of Person					
Sunrun Inc.							
	·	Firm/Company					
	225 Bush Street, Suite 1400						
	Address						
	San Francisco, CA 94104						
City/State and Zip Code							
corplegal@sunrun.com							
	E-mail address: (to be u	ised for future annual report notification)					
For furt	her information concerning this matter, please call:						
	Jami Day	415 518-6900					
	Name of Contact Person	at () 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 DEPA \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of S	RTMENT OF STATE & \$\Boxed{155.00} \text{ Filing Fee & }\Boxed{150.00} \text{ Filing Fee, Certificate}					

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 Flor	rida. The alternate n	ime must include "Limited Liability	y Conipany," "L.L.C." (or "LLC	
Delaware			77820			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if applicable)				
	(Date first transacted business in Florida, if prior to re	gistration.)				
	(See sections 605 0904 & 605,0905, F.S. to determine					
225 Bush Street, Su	ite 1400		ush Street, Suite 1400			
eet Address of Principal Office)		(M	uling Address)			
San Francisco, CA 9	94104	San F	ancisco, CA 94104			
Name and street address	ss of Florida registered agent: (P.O. Box		ole)			
Name and street addres	- •	NOT acceptab	ole)	:	2 6 91	
Name and street address Name:	Sof Florida registered agent: (P.O. Box Corporation Service Company		ole)	· · · · · · · · · · · · · · · · · · ·	789	
	Corporation Service Company	NOT acceptat	ole)		, j a 21	
	- •	NOT acceptat	ole)	1 02 (PH 178)	2001	
Name:	Corporation Service Company 1201 Hays Street	NOT acceptat		* 1.1 PM	2 8 21 (1)	
Name:	Corporation Service Company	NOT acceptab	ole) Florida (Zip code)	" " " PM 1:4	780 to (1977)	

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:

Title or Capacity:	Capacity: Name and Address: Thie or Capacity:		<u>vi</u> <u>name and Address:</u>
□Manager	Name:	□Manager	Name:
■Member	Address: 225 Bush Street	□Member	Address:
□Authorized	Suite 1400	□Authorized	
Person	San Francisco, CA 94104	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

<u>Important Notice:</u> 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.

Signature of an authorized person

Sundance Banks, Assistant Secretary of Sunrun Inc., sole member

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SUNRUN TRITON OWNER 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 NINETEENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNRUN TRITON
OWNER 2021, LLC" WAS FORMED ON THE THIRTEENTH DAY OF MAY, A.D.
2021.

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

Authentication: 203247513

Date: 05-19-21

5918121 8300 SR# 20211911599