## M22000002137

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer.

Office Use Only



000379979620

2022 FEB 10 AH 9: 36

2022 FEB 10 PM 4: 03

RECEIVED

FEB 11 2022 M. SOLOMON



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

Date:	02/10/2022	
	Chris Vick	_
	ce #: <b>1577849</b>	_
Entity Na	ame: EDPR NA DISTRIB	UTED GENERATION LLC
<b>₽</b> Ar	rticles of Incorporation/Authorization	to Transact Business
☐ Ar	mendment	
☐ CI	hange of Agent	
☐ Re	einstatement	
☐ C	onversion	
M	erger	
☐ Di	issolution/Withdrawal	
☐ Fi	ctitious Name	
□ 0	ther	
Authorize	ed Amount / \$125.00	

F: 800.944.6607

## COVER LETTER

TO:

то:	Registration Section Division of Corporation	s			
SURJE	ECT:	EDPR NA Dist	ributed Generation	on LLC	
, 0 1, 0 1		Name	of Limited Liability Co	отпрапу	_
				on to Transact Business in Florida d liability company to transact bus	
lease	return all correspondence ed	oncerning this matter to t	he following:		
		C	hristina Davis		
	Name of Person				
	EDPR NA Distributed Generation LLC				
	Firm/Company				
1501 McKinney Street, Suite 1300					
Address					
	Houston, TX 77010				
	City/State and Zip Code				
		_	notice@edpr.com		2022 FE6 1
or fur	ther information concerning	E-mail address: (to be use this matter, please call:	sed for future annual f	eport nottrication)	7 (A) AH
	Christ	ina Davis	at ( 713	265-0350	유규 <b>양</b> - 구규 39
	Name of	Contact Person	Area Code	Daytime Telephone Number	– . u,
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		] ] (	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	Enclosed is a check for th Please make check payab		RTMENT OF STATE	•—	
	S125.00 Filing Fee	S130.00 Filing Fe Certificate of		<del>-</del>	

## 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:

If name unavailable, enter alternate name	adopted for the purpose of transacting	g business in Florida. The alternat	e name must include "	"Limited Liability Compa	ппу," "L.L.С," ог	"LJ.C.")
D€	elaware	3		(FEI number, if applic		
(Jurisdiction under the law of which	foreign limited liability company is or	ganized)		(FEI number, if applic	able)	
1	Date of	of filing				
·	(Date first transacted business in Fl (See sections 605,0904 & 605,0905	onda, if prior to registration.) , F.S. to determine penalty liabili	ly)			
5(Street Address of Principal Office)		6	P.	O. Box 3827		
(Street Address of Princ	ipal Office)	v. <u></u>		Mailing Address)		
Suite	1300				77 2.5	2022
Houston, 1	ΓX 77010		Hous	ston, TX 772	53	E33
. Name and street address o	f Florida registered agent:	(P.O. Box NOT acce	ptable)		भूति । भूति । भूति ।	0 AH 9:3
Name:	COGENCY G	LOBAL INC.	<del></del>		*. 171	õ
Office Address: _	115 North Calho	oun St. Suite 4	_			
	Tallaha	assee	, Florida	32301		
_	(0	Enty)	, , , , , , , , ,	(Zip code)		
Registered agent's acceptan Taving been named as regis Jesignated in this application	tered agent and to accept n, I hereby accept the app	service of process for onto the original of the original of the proper and complete the proper and com	agent and agr	ree to act in this o	apacity. I j	further

(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: Name and Address: Title or Capacity: Name: EDPR NA DG Holding LL Manager Manager Name: \_\_\_\_\_\_ Manager 1501 McKinney Street Member × Member Address: **Suite 1300** Authorized Authorized Houston, TX 77010 Person Person Other\_\_\_\_ Other Other\_ Other | | Manager Manager Member Address: Member Address: Authorized Authorized Person Person Other\_\_\_ Other\_ Other\_\_ Manager Manager | | Member 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. 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. Mercelleth Berger Chambers

Meredith Berger Chambers

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EDPR NA DISTRIBUTED GENERATION 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 TENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EDPR NA DISTRIBUTED GENERATION LLC" WAS FORMED ON THE FIFTH DAY OF AUGUST,

A.D. 2016.

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

Authentication: 202628816

Date: 02-10-22

6116522 8300 SR# 20220454236