M2200000382

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

Office Use Only



300381986903

2022 HAR 14 PH 12: 43

FILED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 541568 8316141 AUTHORIZATION COST LIMIT ORDER DATE: March 11, 2022 ORDER TIME : 9:0 AM ORDER NO. : 541568-005 CUSTOMER NO: 8316141 FOREIGN FILINGS NAME: ULTRALIGHT RESIDENTIAL SOLAR, LLCXXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

TO:

Registration Section

ee, and chec		Company for Authorization to Transact Business in Florida," Certificerenced foreign limited liability company to transact business in
	respondence concerning this matter t	
P		o the following:
	amela Terrazas	
_		Name of Person
U	Itralight Residential Solar, LLC	
_		Firm/Company
8	900 Amberglen Boulevard Suite 3	325
_		Address
,	ustin TX 78729	
_	C	ity/State and Zip Code
cor	npliancemail@cscglobal.com	
	E-mail address: (to be	e used for future annual report notification)
her informat	ion concerning this matter, please ca	n:
	Name of Contact Person	at ()
Mailing Ac	ldress:	Street Address:
-	on Section	Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahass	ee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

IN COMPLIANCE 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:

Ultralight Residential					
(Name of Foreign	Limited Liability Company, must include "Limite	ed Liability	Company," "L. L. C.," or "LLC.")		
(If name unavailable, enter alternate n	name adopted for the purpose of transacting business in F	lorida. The al	Iternate name must include "Limited Liab	ility Company," "L.L.C.	" or "l.1.C.")
Delaware 2. (Jurisdiction under the law of which foreign limited liability company is organized)		83-4716835 3. (FEI number, if applicable)			
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration. ine penalty li) iability)		
8900 Amberglen Boulevard Suite 325 5		6	8900 Amberglen Boulevard		
(Street Address of Principal Office)			(Mailing Address)		
Austin TX 78729		A	Austin TX 78729	SE(ALI	3 0 9 9
				SECRUTARA	7
		_		<u> </u>	
7. Name and street addres	s of Florida registered agent; (P.O. Box	c <u>NOT</u> ac	cceptable)	Y OF STATE EE. FLORIDA	ED
Name:	Corporation Service Company		<u></u>	IZ: 43 STATE ORIDA	
Office Address:	1201 Hays Street				
	Tallahassee		32301 , Florida		
	(City)		(Zip code)		

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.

Corporation Service Company

By: Wilm assistant va president

(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: Name: ____ Name: Phoebe Whitted **■**Manager ■ Manager Address: ____ Address: ____ □Member □Member 8900 Amberglen Boulevard 8900 Amberglen Boulevard □ Authorized □ Authorized Suite 325 Austin TX 78729 Suite 325 Austin TX 78729 Person Person Other □Other □Other □Manager □Manager Name: ____ □Member Address: _____ □Member Address: ☐ Authorized ☐ Authorized Person Person □Other____ □Other ____ □Other_____ Other_____ Name: _____ □Manager Name: □Manager ☐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. 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

Typed or printed name of signee

Julie Thompson, Attorney-In-Fact

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ULTRALIGHT RESIDENTIAL 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 ELEVENTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ULTRALIGHT RESIDENTIAL SOLAR, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF APRIL, A.D. 2019.

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

at corn delaware gov/auti

Authentication: 202892661

Date: 03-11-22