

M22000000 6831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

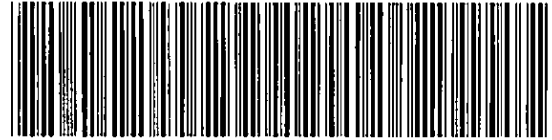
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300387112863

2022 MAY -3 AM 9:17

FILED

RECEIVED

2022 MAY -3 PM 3:37

SHILLINGTON OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

S. ROBERTS

MAY 03 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 655476 7939835

AUTHORIZATION :

COST LIMIT  \$125.00

ORDER DATE : May 3, 2022

ORDER TIME : 2:05 PM

ORDER NO. : 655476-020

CUSTOMER NO: 7939835

FOREIGN FILINGS

NAME: SUNNOVA HELIOS VIII ISSUER,
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#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sunnova Helios VIII Issuer, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Timothy D. Mathis

Name of Person

Sunnova Helios VIII Issuer, LLC

Firm/Company

20 Greenway Plaza Ste 540

Address

Houston, TX 77046

City/State and Zip Code

tax@sunnova.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy D. Mathis

281

985-9904

at ()

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 DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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:

1. Sunnova Helios VIII Issuer, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-3549034

(FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)

5. 20 Greenway Plaza Ste 540

(Street Address of Principal Office)

6. 20 Greenway Plaza Ste 540

(Mailing Address)

Houston, TX 77046-2015

Houston, TX 77046-2015

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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: [Signature] AGT. YP.
(Registered agent's signature)

FILED
2022 MAY -3 AM 9:17
TALLAHASSEE, FL

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]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Manager | Name: <u>William J. Berger</u> | <input type="checkbox"/> Manager | Name: <u>Robert Lane</u> |
| <input type="checkbox"/> Member | Address: <u>20 Greenway Plaza</u> | <input type="checkbox"/> Member | Address: <u>20 Greenway Plaza</u> |
| <input checked="" type="checkbox"/> Authorized | <u>STE 540</u> | <input checked="" type="checkbox"/> Authorized | <u>STE 540</u> |
| Person | <u>Houston, TX 77046-2015</u> | Person | <u>Houston, TX 77046-2015</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Manager | Name: <u>Timothy D. Mathis</u> | <input type="checkbox"/> Manager | Name: <u>Walter A. Baker</u> |
| <input type="checkbox"/> Member | Address: <u>20 Greenway Plaza</u> | <input type="checkbox"/> Member | Address: <u>20 Greenway Plaza</u> |
| <input checked="" type="checkbox"/> Authorized | <u>STE 540</u> | <input checked="" type="checkbox"/> Authorized | <u>STE 540</u> |
| Person | <u>Houston, TX 77046-2015</u> | Person | <u>Houston, TX 77046-2015</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input checked="" type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> 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.

Timothy D. Mathis

Digitally signed by Timothy D. Mathis
Date: 2022.05.02 12:40:31 -05'00'

Signature of an authorized person

Timothy D. Mathis

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNNOVA HELIOS VIII ISSUER, 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 THIRD DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNNOVA HELIOS VIII ISSUER, LLC" WAS FORMED ON THE TENTH DAY OF NOVEMBER, A.D. 2021.

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



6380582 8300

SR# 20221744214

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203329721

Date: 05-03-22