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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

Date: 09/30/2022
Name: Jennifer Bialowas
Reference #: 1794368
Entity Name: NATURENER MONTANA WIND HOLDING, LLC
Articles of Incorporation/Authorization to Transact Business
Amendment
Change of Agent
Reinstatement
Merger
Dissolution/Withdrawal
Fictitious Name
Other
Authorized Amount: 125.00 Signature:

EUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGREEPED INENGLAND & WALES, REGREEPED INENGLAND & WALES, REGREEPED INENGLAND, WALES, CONDON EC3N 3AX +44 (0)20.3961.3080 SIASIA PACIFIC HQ COGENCY GLOBAL (HK) LIMITED A HONG KONG UMITED COMPANY UNIT B, UF, UPPO LEIGHTON TOWER 103 LEIGHTON RD, CAUSEWAY BAY HONG KONG P: +852.2682.9633 F: +852.2682.9790

COVER	LETTER
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TO: Registration Section Division of Corporations

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SUBJECT:	NaturEner Montana Wind Holding, LLC
	Name of Limited Liability Company
The enclosed "Appli- Existence, and check	cation by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all corr	espondence concerning this matter to the following:
	Nancy L. Murray
_	Name of Person
	NaturEner USA, LLC
	Firm/Company
	4750 East Park Drive, Third Floor
	Address
	Palm Beach Gardens, FL 33410
	City-State and Zip Code
	nmurray@naturener.us
	E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
	Nancy L Murray 415 972-9380

Nancy L Mi	urray at (415	972-9380	
Name of Conta		Arca Code	Daytime Telephone Number	
MAILING ADDRESS:		<u>ST</u>	REET ADDRESS:	
Division of Corporations		Div	rision of Corporations	
Registration Section		Reg	gistration Section	
P.O. Box 6327			fton Building	
Tallahassee, FL 32314		266	il Executive Center Circle	
			lahassee, FL 32301	
Enclosed is a check for the follo	wing amount:			
Please make check payable to: I	FLORIDA DEPARTMEN	T OF STATE		
🗍 \$125.00 Filing Fee 🗌	S130.00 Filing Fee & C Certificate of Status	S155.00 Film Certified C	- •	

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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

(Name of Foreign Lin	nted Liability Company, must include "Li	mited Liability Company.	<u>""LLC.</u>	or "LLC ')		
	Not App	olicable				
w usavailable, enter altenute name	adopted for the purpose of transacting business in	i Florida. The olternate name	ninst includ	e "Limited Leibility Co	mpany," "ET C." or "	
D	elaware					
Jurisdiction under the kiw of which	foreign limited liability company is organized)	3		(FEI number, if ap	plicable)	
	October 5, 20	22				
	(Date first transacted business in Florida, if prid (Sec sections 605 0904 & 605 0905, F.S. to det	ir to registration (enunoi penalty liability)		,,,		
4750 East Park D	rive, Third Floor	6.	S	ame Addres	ss	
(Street Address of Pone	ipat Office)	0	0 (Mailing Address)			
Palm Beach Gar						
ame and <u>street address</u> o	f Florida registered agent: (P.O. E	lox <u>NOT</u> acceptable	·)			
Name:	COGENCY GLOBA	L INC.			Ċ	
Office Address:	115 North Calhoun St.	Suite 4			((
	Tallahassee	. F	lorida	32301	·	
			_			

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.

(Registered agent's signature)

S. 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:NaturEner USA, LLC	Manager	Name:
Member	Address: 4750 East Park Drive	Member	Address:
Authorized	Third Floor	Authorized	
Person	Palm Beach Gardens, FL 33410	Person	
Other	Other	Nother	
Manager	Name:] Manager	Name:
Member	Address:		Address:
Authorized		Authorized	
Person		Person	<u> </u>
Other	Other	Other	Other
∐Manager	Name:	🔲 Manager	Name:
[_]Meinber	Address:	i 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.

Many Mymmy
Sugar uf an authorized system
U U
Typed or printed name of signed
Typed or printed notice of signice



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATURENER MONTANA WIND HOLDING, 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 THIRTIETH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATURENER MONTANA WIND HOLDING, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2011.

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



Authentication: 204520044 Date: 09-30-22

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SR# 20223662084 You may verify this certificate online at corp.delaware.gov/authver.shtml

Page 1