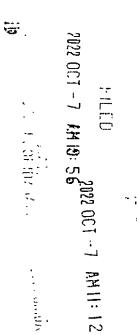
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	(4.1.)				<u> </u>	
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	(City/S	State/Zip.	/Phone #	*)		
PICK-UP		□ w	'AIT		N	IAIL
	(Bu s in	ess Enti	ty Name)		
	(Docur	ment Nu	mber)			
Certified Copies		Cer	tificates	of Sta	tus	
Special Instructions to	o Filing	Officer:				

Office Use Only



100395588861



T. LEAREUX

OCT 10 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NO.	;	120000000195
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REFERENCE : 990314 8268139

AUTHORIZATION : Typelle kan

COST LIMIT : \$ 125.00

ORDER DATE: October 4, 2022

ORDER TIME : 9:26 AM

ORDER NO. : 990314-425

CUSTOMER NO: 8268139

FOREIGN FILINGS

NAME: SUNRUN POSEIDON PORTFOLIO

2022-B, 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:



Registration Section

TO:

COVER LETTER

DIVIS	ion of Corporations					
SUBJECT:	SUNRUN POSEIDON PORTFOLIO 2022-B, LLC					
SUBJECT: _	Name	of Limited Liability C	ompany			
			tion to Transact Business in Florida," Certificate e ed liability company to transact business in Florid			
Please return a	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	used for future annual	report notification)			
For further inf	ormation concerning this matter, please call:	:				
JAM	II DAY	415 at (580-6900			
	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

S155.00 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 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:

SUNRUN POSEIDO	N PORTFOLIO 2022-B, LLC			
(Name of Foreign	Limited Liability Company; must include "Limite	d Liabilit	y Company," "L L.C.," or "LLC.")	
name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	lorida. The	alternate name must include "Limited Liab	bility Company," "L.L.C." or "LLC.")
DELAWARE		•	92-0423591	
(Jurisdiction under the law of v	hich foreign limited hability company is organized)	٥.	(FEI number	r. if applicable)
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registratio ine penalty	i.) fiability)	
225 BUSH STREET	, SUITE 1400	6.	1800 WEST ASHTON BLV	V D
rect Address of Principal Office)	······································	0.	(Mailing Address)	
SAN FRANCISCO,	CA 94104		LEHI, UT 84043	
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
				7022 OCT
Name and street address	ss of Florida registered agent: (P.O. Box	NOT	acceptable)	
Name:	Corporation Service Company			1 CORNE
Office Address:	1201 Hays Street			56 Gwh/
	Tallahassee	- "	32301 , Florida	
	(City)		(Zip code)	
esignated in this applica comply with the provis	egistered agent and to accept service of partion, I hereby accept the appointment a tions of all statutes relative to the proper s of my position as registered agent.  Corporation Service Company	s regist	ered agent and agree to act in	this capacity. I further agr
	By: (Registered agent's	signature)	1	<u> </u>

## 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:
□Manager	Name: SUNRUN INC.	□Manager	Name:	
■Member	Address: 225 Bush Street, Suite 1400,	□Member	Address:	
□Authorized	San Francisco, CA 94104	□Authorized		
Person		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

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.

Signature of an authorized person

Seze

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



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SUNRUN POSEIDON PORTFOLIO 2022-B, 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 FOURTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNRUN POSEIDON PORTFOLIO 2022-B, LLC" WAS FORMED ON THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2022.

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

Authentication: 204549214

Date: 10-04-22

### **COVER LETTER**

TO:

то:	Registration Section Division of Corporations	
SUBJE	SUNRUN POSEIDON PORTFOLIO	2022-B, LLC
	N	ame of Limited Liability Company
The end Existen	closed "Application by Foreign Limited Liabilince, and check are submitted to register the abo	ity Company for Authorization to Transact Business in Florida," Certificate of ve referenced foreign limited liability company to transact business in Floridates.
Please	return all correspondence concerning this matte	er to the following:
	JAMI DAY	
		Name of Person
	SUNRUN INC.	
		Firm/Company
	225 BUSH STREET, SUITE 140	00
		Address
	SAN FRANCISCO, CA 94104	
		City/State and Zip Code
	corplegal@sunrun.com	
	E-mail address: (to	be used for future annual report notification)
For fur	ther information concerning this matter, please	call:
JAMI DAY		415 580-6900 at (
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section
		Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	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 D	EPARTMENT OF STATE