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Account#: 120000000088

Date:	11/30/2022	
Name:	Chris Vick	_
Reference #	#:1809832	_
Entity Name	e:ARROW SOLAR	DEVELOPMENT, LLC
✓ Artic	les of Incorporation/Authorization	to Transact Business
☐ Ame	ndment	
☐ Char	nge of Agent	
☐ Rein	statement	
Conv	version	ς. 
☐ Merg	ger	
☐ Disse	olution/Withdrawal	•
☐ Fictit	ious Name	
✓ Othe	erCERTIFIE	D COPY UPON FILING
Authorized . Signature:	Amount: \$1.55.00	

## COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	ARROW SOLAR DEVELOPMENT LLC				
SUBJE	Name of Limited Liability Company				
The end Existen	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," and check are submitted to register the above referenced foreign limited liability company to transact business.	Certificate of ess in Florida.			
Please i	turn all correspondence concerning this matter to the following:				
	THOMAS OLENICK				
	Name of Person				
	BOW RENEWABLES LLC				
	Firm/Company	- 3			
	516 N OGDEN AVE #152				
	Address	,			
	CHICAGO, IL 60642	دى			
	City/State and Zip Code	:			
	THOMAS.OLENICK@BOWRENEWABLES.COM				
	E-mail address: (to be used for future annual report notification)				
For fur	er information concerning this matter, please call:				
	THOMAS OLENICK 24 503-5683				
	Name of Contact Person Area Code Daytime Telephone Number				
	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 the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$\sum_{\text{S125.00}} \text{Filing Fee} \sum_{\text{S130.00}} \text{Filing Fee & \sum_{\text{S155.00}} \text{Filing Fee & \sum_{\text{S160.00}} \text{Filing Fe} \text{E} \text{Certificate of Status} \text{Certified Copy} \text{of Status & Certified Copy}				

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEX THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		lorida. The alternate name must include "Limited Enability C	
DEL	AWARE	3. (FEI number, if a	<sup>-</sup> 5
sdiction under the law of which for	reign limited liability company is organized)	(FEI number, if a	pplicable)
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to deter	o registration )	_
1900 N TAM		1900 N TAMIAN	/II TRL
(Street Address of Princip	al Office)	(Mailing Address)	
IORTH FORT MY	ERS, FL 33903	NORTH FORT MYER	S, FL 33903
			(2)
ne and street address of	Florida revistered avent: (P.O. Bo	ox NOT acceptable)	(3) (3)
ne and street address of	Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	(2) 17: 12:
ne and <u>street address</u> of Name:	Florida registered agent: (P.O. Bo Cogency Global Inc		3 7. 9.
		<u> </u>	3 7: 9:
Name:	Cogency Global Inc	uite 4	3. 7. 9. 10.
Name:	Cogency Global Inc	<u> </u>	- 3 7: 0: 10

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: THOMAS OLENICK ANDREW WEBER ⊠Manager Name: Manager

Manag Name: 150 ROCKFORD AVE 341 CRISTAUDO CT Member Address: Member APT 1 MOUNT ROYAL, NJ 08061 ☐ Authorized Authorized FOREST PARK, IL 60130 Person Person Other Other Other Other DANIEL BOLE Manager Name: \_\_ Name: 205 NW 3RD PLACE Member [ ] Member Address: \_ CAPE CORAL, FL 33993 Authorized Authorized Person Person Other \_\_\_\_ Other\_\_ Other Other Manager Manager Name: \_\_\_ Manager Name: \_\_\_\_\_ 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.

THOMAS E. OLENICK

Typed or printed name of signee

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ARROW SOLAR DEVELOPMENT, LLC" IS DULY

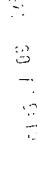
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARROW SOLAR DEVELOPMENT, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2022.

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





6883395 8300 SR# 20224111995 Authentication: 204945884

Date: 11-28-22