

M23000003897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

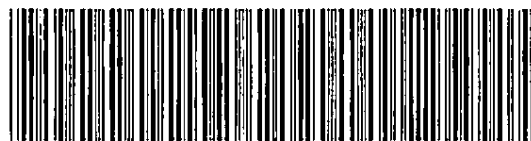
(Document Number)

Additional Copies _____

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STATE OF FLORIDA

2023 MAR 24 PM 2:17

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AND
FILED

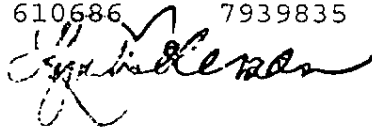
2023 MAR 24 PM 3:36

MAR 27 2023

K. Brumby

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

P

ACCOUNT NO. : I20000000195
REFERENCE : 610686 7939835
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : March 24, 2023

ORDER TIME : 1:56 PM

ORDER NO. : 610686-020

CUSTOMER NO: 7939835

FOREIGN FILINGS

NAME: SUNNOVA ASSET PORTFOLIO 9
HOLDINGS, 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 ASSET PORTFOLIO 9 HOLDINGS, 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 ASSET PORTFOLIO 9 HOLDINGS, 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 at ()

985-9904

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 ASSET PORTFOLIO 9 HOLDINGS, 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. 87-2274023

(FEI number, if applicable)

4. Upon Filing

(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)

Houston, TX 77046-2015

6. 20 Greenway Plaza Ste 540

(Mailing Address)

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

(City)

Florida

32301

(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: 

(Registered agent's signature)

2023 MAR 24 PM 3:36
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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:**

☐ Manager Name: William J. Berger

☐ Member Address: 20 Greenway Plaza

☒ Authorized Ste 540

Person Houston, TX 77046-2015

☐ Other _____ ☐ Other _____

☐ Manager Name: Timothy D. Mathis

☐ Member Address: 20 Greenway Plaza

☒ Authorized Ste 540

Person Houston, TX 77046-2015

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Robert Lane

☐ Member Address: 20 Greenway Plaza

☒ Authorized Ste 540

Person Houston, TX 77046-2015

☐ Other _____ ☐ Other _____

☐ Manager Name: Margaret C. Fitzgerald

☐ Member Address: 20 Greenway Plaza

☒ Authorized Ste 540

Person Houston, TX 77046-2015

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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.

Timothy D. Mathis

Digitally signed by Timothy D. Mathis
Date: 2023.03.24 09:56:53 -05'00'

Signature of an authorized person

Timothy 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 ASSET PORTFOLIO 9 HOLDINGS, 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-FOURTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNNOVA ASSET PORTFOLIO 9 HOLDINGS, LLC" WAS FORMED ON THE NINETEENTH DAY OF AUGUST, A.D. 2021.

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



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

6177694 8300

SR# 20231136530

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

Authentication: 202999049

Date: 03-24-23