M23000008146

(Requestor's Name)	
(Address)	
(Outriess)	
(Address)	_
(City/State/Zip/Phone #)	_
(City/Otate/Zip/r/10/10#)	
PICK-UP WAIT MAIL	
(Business Entity Name)	—
, ,	
(Document Number)	_
Certified Copies Certificates of Status	
· 	
Special Instructions to Filing Officer:	
	İ
<u> </u>	

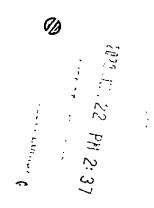
Office Use Only



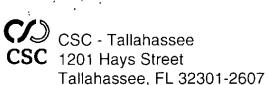
100410880961

SECRETARY OF SEATE





JUN 2.5 2023 ≺. Brumbl**≄**y



Tallahassee, FL 32301-260 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 06/22/23 Order #: 1227962-6

Re: Dorado 2 Residential Solar, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

120000000195

AUTH:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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:

Dorado 2 Residentia	l Solar, LLC						
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liabilit	y Company," "L.L.C.," or "LLC	.")			
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	londa. The a	tternate name must include "Limited I	Liability Company," "L.L.C," or "LLC ")			
DE 2		3	93-1875401				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	٥.	(FEI no	unber, if applicable)			
Upon filing							
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905; F.S. to determ	o registration nine penalty) liability)				
8900 Amberglen Blv		,	8900 Amberglen Blvd.	, Suite 325			
5(Street Address of Principal Office)			6. (Mailing Address)				
Austin, TX 78729			Austin, TX 78729				
7. Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> a	acceptable)	1000 100 100 100 100 100 100 100 100 10			
Name:	Corporation Service Company			APPROV AND FILEC JUN 22 1 JUN 22 1 JUN 22 1 JUN 25 1			
Office Address:	1201 Hays Street			AM S. P. D. J.F.STATI			
	Tallahassee		32301 . Florida	an e			
	(City)		(Zip c	rode)			

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: Weiland - Sirenson, Aug(Registered agent's signature)



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: Dorado 2 Class B Member, LLC	Manager	Name:	
X Member	Address: 8900 Amberglen Blvd.	Member	Address:	<u> </u>
Authorized	Suite 325	Authorized		
Person	Austin, TX 78729	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	<u>_</u>	Other

<u>Important Notice:</u> 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.

Juli Ih	0~000~	
0	Signature of an authorized person	
Julie Thompson, 2	Attorney-In-Fact	
	Typed or printed name of signee	



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

DELAWARE, DO HEREBY CERTIFY "DORADO 2 RESIDENTIAL SOLAR, 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-SECOND DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DORADO 2

RESIDENTIAL SOLAR, LLC" WAS FORMED ON THE SEVENTH DAY OF JUNE, A.D.

2023.

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

The state of the s

Authentication: 203599874

Date: 06-22-23