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	(Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL
•	(Business Entity Name)	
	(Document Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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2023 JUL 24 AM IO: 22 CLORE DA CY CO S IA II DAL MASSEL PLOPER

APPROVEU AND FILED



JUL 2 4 2023 K. Brumbtey



To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 07/24/23 Order #: 1235562-1

Re: Swamp Lily 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:

12000000195

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.

COVER LETTER

Registration Section

TO:

JEC I.	Nam	e of Limited Liability Company
	"Application by Foreign Limited Liability	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.
se return	all correspondence concerning this matter t	o the following:
	Cindy Sabish	
		Name of Person
	K&L Gates LLP	
		Firm/Company
	210 Sixth Avenue	
	<u> </u>	Address
	Pittsburgh, PA 15222	
	C	City/State and Zip Code
	cindy.sabish@klgates.com	
	E-mail address: (to be	e used for future annual report notification)
further in	formation concerning this matter, please ca	11:
	Name of Contact Person	at ()
	ling Address:	Street Address:
Registration Section		Registration Section Division of Corporations
Division of Corporations P.O. Box 6327		The Centre of Tallahassee
	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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:

Carana and the later of the lat	name adopted for the purpose of transacting business in	Closida Thurste		Out Comment "	int I C "	
Delaware	name adopted for the purpose of transacting dusiness in i		applied for	оппу Сопірапу,	L.L. C, €	or LLC.,
	hich foreign limited liability company is organized)	3		, if applicable)		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number	, if applicable)		
Upon filing						
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	o registration) mine penalty lia	bility)			
2084 Maplewood Ro	d, St. Clements,	6	9 State Street, 13th Floor			
reet Address of Principal Office)		0	(Mailing Address)			
Ontario N0B 2M0, Canada		Δ	lbany, NY 12207			
Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> ac	ceptable)		2023 J	
Name and street address Name:	ss of Florida registered agent: (P.O. Bo. Corporation Service Company	x <u>NOT</u> ac	ceptable)	TALL MESS	2023 JUL 21	
	_	x <u>NOT</u> ac	ceptable)	S IC ANT BESSEL	2023 JUL 24 AM	AND FILED
Name:	Corporation Service Company	x <u>NOT</u> ac	ceptable)	COSE LANY OF STATE	2023 JUL 24 AM 10: 22	AND FILED
Name:	Corporation Service Company 1201 Hays Street	x <u>NOT</u> ac	 32301	CCOSE LANCE STATE	Ö	AND FILED

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: Title or Capacity: Name and Address: Name and Address: Name: ___ Name: ____ BW Solar Holding Inc. □Manager □Manager Address: ____ 2084 Maplewood Rd, **■** Member □ Member Albany, NY 12207 St. Clements, □ Authorized Authorized Ontario N0B 2M0, Canada Person Person CEO ≣Other_ □Other____ □Other____ □Other_____ □ Manager □Manager Address: □Member ☐ 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 _____ □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 \$.817.155, F.S. Signature of an authorized person

Exped or printed name of signee

Tai Nguyen, CEO

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SWAMP LILY 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-FOURTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SWAMP LILY SOLAR LLC" WAS FORMED ON THE FOURTEENTH DAY OF JULY, A.D. 2023.

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

Authentication: 203806112

Date: 07-24-23