

M24000013268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

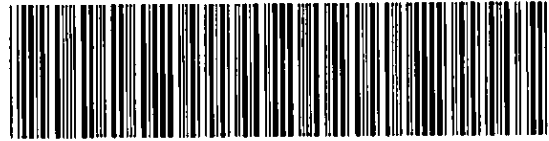
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



500438123255

2024 OCT 16 PM 11:25

RECEIVED  
2024 OCT 16 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

OCT 16 2024

Clifford



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations  
From: Amanda Miller  
Ext: x62969  
Date: 10/16/24  
Order #: 1646556-3  
Re: Sunnova Hestia II Borrower, 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:  
I20000000195  
Certificate of Good Standing from State of Incorporation

A handwritten signature in black ink, appearing to be "Amanda Miller", is written over the text "Certificate of Good Standing from State of Incorporation".

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**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Sunnova Hestia II Borrower, 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 Hestia II Borrower, LLC

Firm/Company

20 Greenway Plaza, Ste. 540

Address

Houston, TX 77046

City/State and Zip Code

filings@sunnova.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>Timothy D. Mathis</u>	713	997-2977	
Name of Contact Person	at ( )	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**

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy	<input type="checkbox"/> \$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 Hestia II Borrower, 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. 93-2491998  
(FEI number, if applicable)

4. 06/07/2024  
(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)

6. 20 Greenway Plaza, Ste. 540  
(Mailing Address)

Houston, TX 77046  
Houston, TX 77046

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

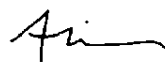
Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (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)

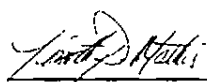
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Sunnoya Hestia II Lender, LLC</u>	<input type="checkbox"/> Manager	Name: <u>William J. Berger</u>
<input checked="" type="checkbox"/> Member	Address: <u>20 Greenway Plaza, Ste. 540</u>	<input type="checkbox"/> Member	Address: <u>20 Greenway Plaza, Ste. 540</u>
<input type="checkbox"/> Authorized	<u>Houston, TX 77046</u>	<input checked="" type="checkbox"/> Authorized	<u>Houston, TX 77046</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Timothy D. Mathis</u>	<input type="checkbox"/> Manager	Name: <u>Margaret C. Fitzgerald</u>
<input type="checkbox"/> Member	Address: <u>20 Greenway Plaza, Ste. 540</u>	<input type="checkbox"/> Member	Address: <u>20 Greenway Plaza, Ste. 540</u>
<input checked="" type="checkbox"/> Authorized	<u>Houston, TX 77046</u>	<input checked="" type="checkbox"/> Authorized	<u>Houston, TX 77046</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Eric Williams</u>	<input type="checkbox"/> Manager	Name: <u>David Searle</u>
<input type="checkbox"/> Member	Address: <u>20 Greenway Plaza, Ste. 540</u>	<input type="checkbox"/> Member	Address: <u>20 Greenway Plaza, Ste. 540</u>
<input checked="" type="checkbox"/> Authorized	<u>Houston, TX 77046</u>	<input checked="" type="checkbox"/> Authorized	<u>Houston, TX 77046</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Timothy D. 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 HESTIA II BORROWER, 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 FIFTEENTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNNOVA HESTIA II BORROWER, LLC" WAS FORMED ON THE TWENTIETH DAY OF JULY, A.D. 2023.

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



7579028 8300

SR# 20243955732

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Authentication: 204637377

Date: 10-15-24