

M24000015794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

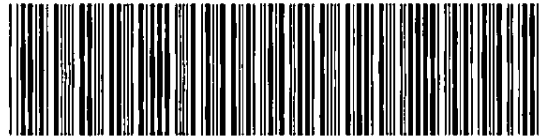
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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APPROVED
AND
FILED

2024 DEC 17 PM 4:17

CLERK OF SUPERIOR COURT
JAN 10 2024 10:17 AM

2024 DEC 17 PM 4:15

CLERK OF SUPERIOR COURT
JAN 10 2024 10:15 AM

DEC 17 2024

K. Brumbley



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: 12/17/24
Order #: 1727355-1
Re: Sunnova AP 6 Warehouse II, LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Amanda Miller", is written in a cursive style.

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

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 AP 6 Warehouse II, 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:

S. David Smith
Name of Person

Sunnova AP 6 Warehouse II, 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:

S. David Smith at (713) 997-2977
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 AP 6 Warehouse II, 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. 32-2557557

(FEI number, if applicable)

4. _____
(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

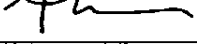
Office Address: 1201 Hays Street

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)

APPROVED
AND
FILED
2024 DEC 17 PM 4:17
CLERK OF STATE
TALLAHASSEE, FLA.

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>Sunnova Asset Portfolio 6, 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>Eric Williams</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>David Searle</u>	<input type="checkbox"/> Manager	Name: <u>S. David Smith</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.

S. David Smith
Signature of an authorized person

S. David Smith
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 AP 6 WAREHOUSE II, 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 SIXTEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNNOVA AP 6 WAREHOUSE II, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MARCH, A.D. 2016.

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



5991281 8300

SR# 20244508747

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

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.

Authentication: 205147715

Date: 12-16-24