

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1308723.06

mmoore ADD

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 9/14/2023 12:13 PM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authority (Foreign Business Entity)		FBE		
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follo		olies for authority to trans	sact business in Kenti	ucky on behalf of the	entity named below
1. The entity is a: profit corpo business trulimited partition non-profit II	ust limited nership ltd coo profess	fit corporation liability company perative association sional service corporation	statutory public be	professional limited liability company statutory trust public benefit corporation other	
2. The name of the entity is Yellowthro	at Energy Storage LLC name must be identical to the n	ame on record with the	Secretary of State)		·
3. The name of the entity to be used in4. The state or country under whose la	Nentucky is (if applicable):(On	y provide if "real name			e blank.)
5. The date of organization is 11/17/202	22	and the period of du	uration is perpetual	luration is considere	ad normatual)
6. The mailing address of the entity's p 412 W 15th Street, FI 15	orincipal office is	New York	(II left blank, u	10011	id perpetual.)
Street Address		City	State	Zip Cod	e
7. The street address of the entity's re 421 West Main Street	gistered office in Kentucky is	Frankfort	KY	406	501
Street Address (No P.O. Box Number	rs)	City	=======================================	State	Zip Code
and the name of the registered agent a 8. The names and business addresses Timothy Evans, President			ctors, managers, trust	ees or general partne	ers):
Name	Street or P.O. Box	City	State	Zip Cod	le
Name Julia Perrier, Vice President	412 W 15th Street, FI 15 Street or P.O. Box 412 W 15th Street, FI 15	New York City New YOrk	State NY	2ip Cod	le
Name	Street or P.O. Box	City	State	Zip Cod	le
9. If a professional service corporation, and treasurer are licensed in one or me statement of purposes of the corporation.10. I certify that, as of the date of filing	ore states or territories of the Uniter on.	d States or District of Col	umbia to render a pro	fessional service des	scribed in the
11. If a limited partnership, it elects to l	pe a limited liability limited partners	nip. Check the box if ap	plicable:		
12. If a limited liability company, chec	ck box if manager-managed:				
13. This application will be effective up		mothy Evans - President		8-31	-23
Signature of Authorized Representative		Printed Name & Ti		Date behalf of the business	s entity.
Type/Print Name of Registered Agent					
By: Janual Appe	Daniel Yo		Assistant Se	cretary	09/13/2023
Signature of Registered Agent	Printed Name		Title Da		Date