

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

**Certificate of Authority** 

(Foreign Business Entity)

1238849.06

kdcoleman ADD

Michael G. Adams **Kentucky Secretary of State** 

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| Frankfort, KY 40602<br>(502) 564-3490<br>www.sos.ky.gov  | (Foreign Busin   | ess Entity)  |   |   |
|--|--|--|---|---|
| Pursuant to the provisions of KRS 14A – and, for that purpose, submits the following   |  | for authority to transact b  | ousiness in Kentucky on b                               | ehalf of the entity named below                                 |
| 1. The entity is a: profit corpora business trus limited partne non-profit lic   | t X limited liabi  | orporation<br>ility company<br>ative association<br>al service corporation | professional limite statutory trust other               | ed liability company  |
| 2. The name of the entity is $\frac{Acciona\ E}{\text{(The r}}$  | nergy USA Global LLC<br>name must be identical to the name | on record with the Seci  | retary of State.)                                       | ·   |
| 3. The name of the entity to be used in h  | (Only p  | rovide if "real name" is u   | unavailable for use; othe                               | rwise, leave blank.)  |
| <ul> <li>4. The state or country under whose law</li> <li>5. The date of organization is <u>08/20/20</u></li> <li>6. The mailing address of the entity's pr</li> </ul> | 14   | and the period of duratio  | on is <u>Perpetual</u><br>(If left blank, duration is   | s considered perpetual.)  |
| 55 East Monroe Suite 1925  | mopar emee ie  | Chicago  | IL  | 60603   |
| Street Address   |  | City   | State   | Zip Code  |
| 7. The street address of the entity's regi   | stered office in Kentucky is                               |  |   |   |
| 306 W. Main Street, Suite 512,   |  | Frankfort  | KY  | 40601   |
| Street Address (No P.O. Box Numbers  | s)   | City   | State   | Zip Code  |
| and the name of the registered agent at  | that office is C T Corporation Sys                         | tem  |   | ·   |
| 8. The names and business addresses  | of the entity's representatives (secret                    | ary, officers and directors.   | , managers, trustees or ge                              | eneral partners):   |
| Joaquin Francisco Castillo Garcia  |  | Chicago  | IL  | 60603   |
| Name   | Street or P.O. Box   | City   | State   | Zip Code  |
| Basilio Guerrero Inigo   | 55 East Monroe Suite 1925                                  | Chicago  | IL  | 60603   |
| Name   | Street or P.O. Box   | City   | State   | Zip Code  |
| Name   | Street or P.O. Box   | City   | State   | Zip Code  |
| 9. If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporation   | re states or territories of the United St                  | is than one half (1/2) of the<br>tates or District of Columb               | e directors, and all of the dia to render a professiona | officers other than the secretary<br>I service described in the |
| 10. I certify that, as of the date of filing t   | his application, the above-named ent                       | ity validly exists under the   | laws of the jurisdiction of                             | its formation.  |
| 11. If a limited partnership, it elects to b   | e a limited liability limited partnership.                 | Check the box if applica   | able:   |   |
| 12. If a limited liability company, chec   | k box if manager-managed:                                  |  |   |   |
| 13. This application will be effective upo   | on filing.<br>Joaquin Fra                                  | ancisco Castillo Garcia-Au   | uthorized Signatory                                     |   |
| (O) Languis Francisco Costillo Corois  |  |  | 10/25   | 5/2022  |
| /S/ Joaquin Francisco Castillo Garcia<br>Signature of Authorized Representative  |  | Printed Name & Title   |   | Date  |
| I, C T Corporation System, Type/Print Name of Registered Agent   | , c  | onsent to serve as the reg   | istered agent on behalf of                              | the business entity.  |
| C T Corporation System   | ,  |  |   |   |
| By:  | Printed Name   |  | Title   | Date  |
| Signature of Registered Agent  | Printed Name   |  |   |   |

Division of Business Filings

P.O. Box 718



## **COMMONWEALTH OF KENTUCKY** MICHAEL G. ADAMS, SECRETARY OF STATE

**Division of Business Filings** P.O. Box 718

## **Statement of Consent of Registered Agent**

**CRA** 

| Frankfort, KY 40602<br>(502) 564-3490<br>www.sos.ky.gov  | (Domestic or Foreign Business Entity)  |  |                               |  |  |  |
|--|--|--|-------------------------------|--|--|--|
| Pursuant to the provisions of KRS 14 consents to act as registered agent o following statements: | A and KRS Chapter 271B<br>n behalf of the business e   | , 273, 274, 275, 362 or 3<br>entity named below and, | 386, the und<br>for that purp | lersigned applicant<br>bose, submits the |  |  |
| 1. The business entity is  | a corporation (KRS 271E<br>a limited liability compan<br>a limited partnership (KR<br>a limited liability partners<br>a business trust (KRS 38 | y (KRS 275)<br>(S 362)<br>hip (KRS 362)<br>(36)      |                               |  |  |  |
| 2. The name of the business entity is  | Acciona Energy USA Glo   | obal LLC   |                               |  |  |  |
| 3. The state or country of incorporati   | on, organization or forma  | tion is Delaware                                     |                               |  |  |  |
| 4. The name of the initial registered  |  |  |                               |  |  |  |
| 5. The street address of the register  |  |  |                               |  |  |  |
| 306 W. Main Street, Suite 512,   | Frankt   | ort KY   |                               | 40601                                    |  |  |
| Street Address (No Post Office Box No  | ımber) City  | Sta  | ate                           | Zip Code                                 |  |  |
| I declare under penalty of perjury und   | der the laws of Kentucky t   | hat the forgoing is true a                           | and correct.                  |  |  |  |
| By: Denise Bell  | Denise Bell  |  | Assistant Secretary           |  |  |  |
| Signature of Registered Agent  | Printed Name   | Printed Name   |                               | Title                                    |  |  |