

1238851.06

Michael G. Adams

Kentucky Secretary of State

kdcoleman ADD

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

<b>Division of Business Filings</b> P.O. Box 718 Frankfort, KY 40602		Certificate of Authority (Foreign Business Entity)		Received and Filed: 10/26/2022 3:14 PM Fee Receipt: \$90.00	
(502) 564-3490 www.sos.ky.gov					
Pursuant to the provisions of KRS 14/ and, for that purpose, submits the follo	A – 030 the undersigned hereby applie wing statements:	s for authority to transact bu	usiness in Kentuc	ky on behalf of the	entity named b
I. The entity is a: profit corpo		corporation	profossion	al limited liebility as	
business tr	statutory tr	al limited liability co	mpany		
limited part	P	pility company ative association	other	ust	
non-profit II		all service corporation	Uner		
. The name of the entity is Acciona	protocolor	a service corporation			
(The	e name must be identical to the nam	e on record with the Secre	atary of State )		
		e on record with the becre	stary of State.)		
3. The name of the entity to be used in	(Only n Kentucky is (if applicable):	rovide if "real name" is ur	navailable for us	e otherwise leave	blank)
. The state or country under whose la	aw the entity is organized is <u>Delaware</u>			e, otherwise, leave	biank.)
5. The date of organization is $\frac{4}{12}/20$		and the period of duration	is Perpetual		
			(If left blank, dur	ation is considere	d perpetual.)
<ol> <li>The mailing address of the entity's p 55 East Monroe Suite 1925</li> </ol>	principal office is	CL.		(0(0)	
Street Address		Chicago		60603	-
		City	State	Zip Code	9
7. The street address of the entity's re	gistered office in Kentucky is	7 1 2			10.001
306 W. Main Street, Suite 512, street Address (No P.O. Box Numbe		Frankfort	KY	40601 State Zip Code	
treet Address (NO P.O. BOX Numbe	:(5)	City		State	Zip Code
				otate	
nd the name of the registered agent a	at that office is <u>C T Corporation Sys</u>	tem		otate	
	at that office is $\underline{CTCorporationSys}$ s of the entity's representatives (secret				rs):
3. The names and business addresses	s of the entity's representatives (secret	ary, officers and directors, n	nanagers, trustee	s or general partne	rs):
. The names and business addresse Joaquin Francisco Castillo Garcia	s of the entity's representatives (secret	ary, officers and directors, nChicago	nanagers, trustee	s or general partne	
B. The names and business addresses Joaquin Francisco Castillo Garcia Jame	s of the entity's representatives (secret 55 East Monroe Suite 1925 Street or P.O. Box	ary, officers and directors, n Chicago City	nanagers, trustee	s or general partne	
The names and business addresses loaquin Francisco Castillo Garcia lame Basilio Guerrero Inigo	s of the entity's representatives (secret 55 East Monroe Suite 1925	ary, officers and directors, nChicago	nanagers, trustee IL <b>State</b>	s or general partne <u>60603</u> Zip Code	9
<ul> <li>The names and business addresses</li> <li>Joaquin Francisco Castillo Garcia</li> <li>Jame</li> <li>Basilio Guerrero Inigo</li> <li>Jame</li> </ul>	s of the entity's representatives (secret 55 East Monroe Suite 1925 Street or P.O. Box 55 East Monroe Suite 1925 Street or P.O. Box	ary, officers and directors, n Chicago City Chicago City	nanagers, trustee IL State IL State State	s or general partne 60603 Zip Code 60603 Zip Code	9
The names and business addresses loaquin Francisco Castillo Garcia lame Basilio Guerrero Inigo lame	s of the entity's representatives (secret 55 East Monroe Suite 1925 Street or P.O. Box 55 East Monroe Suite 1925	ary, officers and directors, n Chicago <b>City</b> Chicago	nanagers, trustee IL State IL	s or general partne 60603 Zip Code 60603	9
<ul> <li>The names and business addresses</li> <li>Joaquin Francisco Castillo Garcia</li> <li>Jame</li> <li>Jame</li> <li>Jame</li> <li>If a professional service corporation,</li> </ul>	s of the entity's representatives (secret 55 East Monroe Suite 1925 Street or P.O. Box 55 East Monroe Suite 1925 Street or P.O. Box Street or P.O. Box all the individual shareholders, not less or e states or territories of the United St	ary, officers and directors, n Chicago City Chicago City City City City S than one half (1/2) of the c	nanagers, trustee IL State IL State U State directors, and all o	s or general partne 60603 Zip Code 60603 Zip Code Zip Code Code	e e than the secret
The names and business addresses     Joaquin Francisco Castillo Garcia     Jame     Basilio Guerrero Inigo     Jame     Jame     If a professional service corporation,     nd treasurer are licensed in one or mo     tatement of purposes of the corporatio	s of the entity's representatives (secret 55 East Monroe Suite 1925 Street or P.O. Box 55 East Monroe Suite 1925 Street or P.O. Box Street or P.O. Box all the individual shareholders, not less or e states or territories of the United St	ary, officers and directors, n Chicago City Chicago City City City City S than one half (1/2) of the cates or District of Columbia	nanagers, trustee IL State IL State directors, and all of to render a profes	s or general partne 60603 Zip Code 60603 Zip Code Zip Code C	e e than the secre
The names and business addresses Ioaquin Francisco Castillo Garcia Iame Basilio Guerrero Inigo Iame Iame I f a professional service corporation, nd treasurer are licensed in one or mo tatement of purposes of the corporatio 0. I certify that, as of the date of filing 1. If a limited partnership, it elects to b	s of the entity's representatives (secret 55 East Monroe Suite 1925 Street or P.O. Box 55 East Monroe Suite 1925 Street or P.O. Box Street or P.O. Box all the individual shareholders, not less bore states or territories of the United Ston. this application, the above-named entities be a limited liability limited partnership.	ary, officers and directors, n Chicago City Chicago City City City City s than one half (1/2) of the c ates or District of Columbia ty validly exists under the law	nanagers, trustee IL State IL State State directors, and all of to render a profes ws of the jurisdict	s or general partne 60603 Zip Code 60603 Zip Code Zip Code C	e e than the secre
The names and business addresses     Toaquin Francisco Castillo Garcia     Jame     Basilio Guerrero Inigo     lame     If a professional service corporation,     nd treasurer are licensed in one or mo     tatement of purposes of the corporatio 0. I certify that, as of the date of filing 1. If a limited partnership, it elects to b 2. If a limited liability company, check	s of the entity's representatives (secret 55 East Monroe Suite 1925 Street or P.O. Box 55 East Monroe Suite 1925 Street or P.O. Box Street or P.O. Box all the individual shareholders, not less ore states or territories of the United Ston. this application, the above-named enti- be a limited liability limited partnership. ck box if manager-managed: X	ary, officers and directors, n Chicago City Chicago City City City City s than one half (1/2) of the c ates or District of Columbia ty validly exists under the law	nanagers, trustee IL State IL State State directors, and all of to render a profes ws of the jurisdict	s or general partne 60603 Zip Code 60603 Zip Code Zip Code C	e e than the secret
The names and business addresses toaquin Francisco Castillo Garcia ame Basilio Guerrero Inigo ame ame ame ame ame 1 f a professional service corporation, nd treasurer are licensed in one or mo- tatement of purposes of the corporation 0. I certify that, as of the date of filing 1. If a limited partnership, it elects to b 2. If a limited liability company, chec	s of the entity's representatives (secret 55 East Monroe Suite 1925 Street or P.O. Box 55 East Monroe Suite 1925 Street or P.O. Box Street or P.O. Box all the individual shareholders, not less ore states or territories of the United Ston. this application, the above-named enti- be a limited liability limited partnership. ck box if manager-managed: X on filing.	ary, officers and directors, n Chicago City Chicago City City City City s than one half (1/2) of the c ates or District of Columbia ty validly exists under the law	nanagers, trustee IL State IL State directors, and all of to render a profes ws of the jurisdicti e:	s or general partne 60603 Zip Code 60603 Zip Code Zip Code C	e e than the secret
The names and business addresses Toaquin Francisco Castillo Garcia Tame Basilio Guerrero Inigo Tame Iame Iame I f a professional service corporation, nd treasurer are licensed in one or mo- tatement of purposes of the corporation 0. I certify that, as of the date of filing 1. If a limited partnership, it elects to b 2. If a limited partnership, it elects to b 3. This application will be effective up (S/ Joaquin Francisco Castillo Garcia	s of the entity's representatives (secret 55 East Monroe Suite 1925 Street or P.O. Box 55 East Monroe Suite 1925 Street or P.O. Box Street or P.O. Box all the individual shareholders, not less ore states or territories of the United Ston. this application, the above-named enti- be a limited liability limited partnership. ck box if manager-managed: X on filing.	ary, officers and directors, n Chicago City Chicago City City City S than one half (1/2) of the c ates or District of Columbia ty validly exists under the law Check the box if applicable	nanagers, trustee IL State IL State directors, and all of to render a profes ws of the jurisdicti e:	s or general partne 60603 Zip Code 60603 Zip Code Zip Code C	e e than the secret
The names and business addresses toaquin Francisco Castillo Garcia ame Basilio Guerrero Inigo ame If a professional service corporation, nd treasurer are licensed in one or mo- tatement of purposes of the corporation 0. I certify that, as of the date of filing 1. If a limited partnership, it elects to b 2. If a limited liability company, chec 3. This application will be effective up (S/ Joaquin Francisco Castillo Garcia	s of the entity's representatives (secret 55 East Monroe Suite 1925 Street or P.O. Box 55 East Monroe Suite 1925 Street or P.O. Box Street or P.O. Box all the individual shareholders, not less ore states or territories of the United Ston. this application, the above-named enti- be a limited liability limited partnership. ck box if manager-managed: X on filing.	ary, officers and directors, n Chicago City Chicago City City City S than one half (1/2) of the c ates or District of Columbia ty validly exists under the law Check the box if applicable	nanagers, trustee IL State IL State directors, and all of to render a profes ws of the jurisdicti e:	s or general partne 60603 Zip Code 60603 Zip Code Zip Code Signal service description Signal service description	e e than the secre
The names and business addresses Ioaquin Francisco Castillo Garcia Iame Basilio Guerrero Inigo Iame Iame I f a professional service corporation, nd treasurer are licensed in one or mo- tatement of purposes of the corporation 0. I certify that, as of the date of filing 1. If a limited partnership, it elects to b	s of the entity's representatives (secret 55 East Monroe Suite 1925 Street or P.O. Box 55 East Monroe Suite 1925 Street or P.O. Box Street or P.O. Box all the individual shareholders, not less ore states or territories of the United Ston. this application, the above-named enti- be a limited liability limited partnership. ck box if manager-managed: X on filing. Joaquin Fra	ary, officers and directors, n Chicago City Chicago City City S than one half (1/2) of the cates or District of Columbia ty validly exists under the law Check the box if applicable ncisco Castillo Garcia-Author	IL State IL State State directors, and all of to render a profes ws of the jurisdictive:	s or general partne 60603 Zip Code 60603 Zip Code Zip Code of the officers other ssional service desc ion of its formation. 10/25/2022 Date	e than the secre rribed in the
The names and business addresses Toaquin Francisco Castillo Garcia Tame Sasilio Guerrero Inigo Tame Tame Tame Tame Tame If a professional service corporation, nd treasurer are licensed in one or mo- tatement of purposes of the corporation 0. I certify that, as of the date of filing 1. If a limited partnership, it elects to b 2. If a limited partnership, it elects to b 3. This application will be effective up S/ Joaquin Francisco Castillo Garcia ignature of Authorized Representative C T Corporation System,	s of the entity's representatives (secret 55 East Monroe Suite 1925 Street or P.O. Box 55 East Monroe Suite 1925 Street or P.O. Box Street or P.O. Box all the individual shareholders, not less ore states or territories of the United Ston. this application, the above-named enti- be a limited liability limited partnership. sk box if manager-managed: X on filing. Joaquin Fra	ary, officers and directors, n Chicago City Chicago City City City S than one half (1/2) of the c ates or District of Columbia ty validly exists under the law Check the box if applicable ncisco Castillo Garcia-Author Printed Name & Title	IL State IL State State directors, and all of to render a profes ws of the jurisdictive:	s or general partne 60603 Zip Code 60603 Zip Code Zip Code of the officers other ssional service desc ion of its formation. 10/25/2022 Date	e than the secre rribed in the



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

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

## Statement of Consent of Registered Agent CRA (Domestic or Foreign Business Entity)

Pursuant to the provisions of KRS 14A and KRS Chapter 271B, 273, 274, 275, 362 or 386, the undersigned applicant consents to act as registered agent on behalf of the business entity named below and, for that purpose, submits the following statements:

1. The business entity is

- a corporation (KRS 271B, KRS 273 or KRS 274)
- $\times$  a limited liability company (KRS 275)
- a limited partnership (KRS 362)
  - a limited liability partnership (KRS 362)
- a business trust (KRS 386)

2. The name of the business entity is \_\_\_\_\_\_AEUG Richmond Solar, LLC

3. The state or country of incorporation, organization or formation is \_\_\_\_\_

4. The name of the initial registered agent is <u>C T Corporation System</u>

5. The street address of the registered office address in Kentucky is:

Street Address (No Post Office Box Number)	City	State	Zip Code
306 W. Main Street, Suite 512,	Frankfort	KY	40601

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

C T Corporation System

By: 1110

Denise Bell

Signature of Registered Agent

**Printed Name** 

Title

Assistant Secretary