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Michael G. Adams

kdcoleman ADD

COMMONWEALTH OF KENTUCKY MICHAEL G ADAMS SECRETARY OF STATE

	MICHAEL G. ADAMS		STATE	Kentucky Secretary of State Received and Filed: 10/26/2022 3:17 PM
Division of Business Filings P.O. Box 718		of Authority		Fee Receipt: \$90.00
Frankfort, KY 40602	(Foreign Busir	ness Entity)		
(502) 564-3490				
www.sos.ky.gov				
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow	 030 the undersigned hereby applies ing statements: 	s for authority to transact	business in Kentuck	y on behalf of the entity named being
1. The entity is a: profit corpora	ity is a: profit corporation nonprofit corporation profession			I limited liability company
business trus	promotion	ility company	statutory tru	
18		ative association	other	
limited partne			Uner	
non-profit llc		al service corporation		
2. The name of the entity is AEUG Bo	oonesborough Solar, LLC			· · · · · · · · · · · · · · · · · · ·
(The	name must be identical to the name	e on record with the Sec	retary of State.)	
3. The name of the entity to be used in	Kentucky is (if applicable):			
			unavailable for use	e; otherwise, leave blank.)
4. The state or country under whose law				·
5. The date of organization is $4/12/202$	21	_and the period of durati	on is <u>Perpetual</u>	ation is considered perpetual.)
6. The mailing address of the entity's p	rincipal office is		(If left blank, dur	auon is considered perpetual.)
55 East Monroe Suite 1925	Incipal once is	Chicago	IL	60603
Street Address		City	State	Zip Code
	to the other than the Manakara law in			
7. The street address of the entity's reg	listered office in Kentucky is	Frankfort	KY	40601
306 W. Main Street, Suite 512, Street Address (No P.O. Box Number		City		State Zip Code
and the name of the registered agent at				
8. The names and business addresses	of the entity's representatives (secret	tary, officers and directors	s, managers, trustee	s or general partners):
Joaquin Francisco Castillo Garcia	55 Fast Monroe Suite 1925	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
Humo				
Name	Street or P.O. Box	City	State	Zip Code
 If a professional service corporation, and treasurer are licensed in one or most statement of purposes of the corporation 	ore states or territories of the United S	ss than one half (1/2) of th tates or District of Columi	ne directors, and all bia to render a profe	of the officers other than the secreta ssional service described in the
10. I certify that, as of the date of filing	this application, the above-named ent	ity validly exists under the	e laws of the jurisdic	tion of its formation.
11. If a limited partnership, it elects to b	e a limited liability limited partnership	. Check the box if applic	able:	
12. If a limited liability company, chec	ck box if manager-managed: 🛛			
13. This application will be effective up	on filing		uthorized Signatory	
	Joaquin Fr	ancisco Castillo Garcia-A	0,	
	Joaquin Fr	ancisco Castilio Garcia-A	0	10/25/2022
<u>/S/ Joaquin Francisco Castillo Garcia</u> Signature of Authorized Representative	Joaquin Fr	Printed Name & Title		10/25/2022 Date
Signature of Authorized Representative	Joaquin Fr	Printed Name & Title		Date
Signature of Authorized Representative C T Corporation System,	Joaquin Fr	Printed Name & Title		
Signature of Authorized Representative I, C T Corporation System, Type/Print Name of Registered Agent	Joaquin Fr 	Printed Name & Title		Date
Signature of Authorized Representative C T Corporation System,	Joaquin Fr 	Printed Name & Title		Date



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

CRA Statement of Consent of Registered Agent (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) 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 ______

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

4. The name of the initial registered agent is C T Corporation System

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	
o. The strest address of the signature				

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

C T Corporation System

nise Bell By:

Denise Bell

Signature of Registered Agent

Printed Name

Title

Assistant Secretary