

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

1292679 1292679

Michael G. Adams
KY Secretary of State
Received and Filed

7/6/2023 2:11:32 PM

Fee receipt: \$90.00

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **limited liability company**.
2. The name of the entity is: **FLATWOODS WIND, LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **3/15/2022** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

One Lincoln Street
Suite 2400
Boston, MA 02111

8. Required Representatives

Member	Matt Marino	One Lincoln Street, Suite 2400	Boston	MA	02111
Member	Patrick Martin	One Lincoln Street, Suite 2400	Boston	MA	02111
Member	John Clifford	One Lincoln Street, Suite 2400	Boston	MA	02111

9. Registered Agent/Office

Registered Agent Solutions, Inc.
828 Lane Allen Road
Suite 219
Lexington, KY 40504

I, **Ryan DeAnda, Assistant Secretary**, consent to sign for **Registered Agent Solutions, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, July 6, 2023

As the Authorized Representative, I, **John Clifford**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Member**