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Kentucky Secretary of State Received and Filed:

Michael G. Adams

10/30/2023 2:51 PM

Fee Receipt: \$90.00

mmoore ADD



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		Certificate of Authority (Foreign Business Entity)		FBE
Pursuant to the provisions of k and, for that purpose, submits		ed hereby applies for authority to trans	act business in Kentucky on	behalf of the entity named below
1. The entity is a: pro bus	fit corporation iness trust ted partnership o-profit IIc	nonprofit corporation Imited liability company It cooperative association professional service corporation America LLC	statutory trust	ited liability company
		tical to the name on record with the	Secretary of State.)	
3. The name of the entity to be	e used in Kentucky is (if applic	cable):(Only provide if "real name	' is unavailable for use; oth	nerwise, leave blank.)
4. The state or country under	whose law the entity is organized			
5. The date of organization is _	10/31/2022	and the period of du		is considered perpetual.)
6. The mailing address of the	entity's principal office is	Nove Volt	10 - Colora	
770 Eleventh Avenue Street Address		New York City	NY State	10019 Zip Code
7. The street address of the er	ntity's registered office in Kent			-
306 W. Main Street, Suite	, ,	Frankfort	KY	40601
	Numbers)	City	State	e Zip Code
Street Address (No P.O. Box	,			
Street Address (No P.O. Box and the name of the registered		Corporation System		
and the name of the registered	agent at that office is \underline{CTC}	Corporation System sentatives (secretary, officers and direc	tors, managers, trustees or g	general partners):
and the name of the registered 8. The names and business a	agent at that office is \underline{CTC}	2 D 2020 D 2020	tors, managers, trustees or g	general partners):
and the name of the registered	agent at that office is \underline{CTC}	sentatives (secretary, officers and direc	tors, managers, trustees or g	general partners):
and the name of the registered 8. The names and business a SEE ATTACHED	agent at that office is <u>C T C</u>	sentatives (secretary, officers and direc		· · ·
and the name of the registered 8. The names and business a <u>SEE ATTACHED</u> Name	ddresses of the entity's repres	City	State	Zip Code
and the name of the registered 8. The names and business a SEE ATTACHED Name Name 9. If a professional service corr and treasurer are licensed in o statement of purposes of the c	A agent at that office is <u>C T C</u> ddresses of the entity's represe Street or P.O. Box Street or P.O. Box Street or P.O. Box Street or P.O. Box Doration, all the individual sha ne or more states or territories orporation.	City	State	Zip Code Zip Code Zip Code Zip Code e officers other than the secretary al service described in the
and the name of the registered 8. The names and business at SEE ATTACHED Name Name 9. If a professional service corr and treasurer are licensed in o statement of purposes of the c 10. I certify that, as of the date	A agent at that office is <u>C T C</u> ddresses of the entity's represe Street or P.O. Box Street or P.O. Box Street or P.O. Box Street or P.O. Box Doration, all the individual sha ne or more states or territories orporation.	city city	State State State State the directors, and all of the umbia to render a profession the laws of the jurisdiction o	Zip Code Zip Code Zip Code Zip Code e officers other than the secretary al service described in the
and the name of the registered 8. The names and business at SEE ATTACHED Name Name 9. If a professional service corr and treasurer are licensed in o statement of purposes of the c 10. I certify that, as of the date	A agent at that office is <u>C T C</u> ddresses of the entity's represe Street or P.O. Box Street or P.O. Box Street or P.O. Box Street or P.O. Box Doration, all the individual sha ne or more states or territories orporation. of filing this application, the a lects to be a limited liability lim	sentatives (secretary, officers and direct City City reholders, not less than one half (1/2) of s of the United States or District of Col bove-named entity validly exists under hited partnership. Check the box if ap	State State State State the directors, and all of the umbia to render a profession the laws of the jurisdiction o	Zip Code Zip Code Zip Code Zip Code e officers other than the secretary al service described in the
and the name of the registered 8. The names and business at SEE ATTACHED Name Name 9. If a professional service corr and treasurer are licensed in o statement of purposes of the c 10. I certify that, as of the date 11. If a limited partnership, it e	A agent at that office is <u>C T C</u> ddresses of the entity's represent Street or P.O. Box Street or P.O. Box Street or P.O. Box Street or P.O. Box Doration, all the individual sha ne or more states or territories orporation. of filing this application, the a lects to be a limited liability limit ny, check box if manager-m	sentatives (secretary, officers and direct City City reholders, not less than one half (1/2) of s of the United States or District of Col bove-named entity validly exists under hited partnership. Check the box if ap	State State State State the directors, and all of the umbia to render a profession the laws of the jurisdiction o	Zip Code Zip Code Zip Code Zip Code e officers other than the secretary al service described in the
and the name of the registered 8. The names and business at SEE ATTACHED Name Name 9. If a professional service corr and treasurer are licensed in o statement of purposes of the c 10. I certify that, as of the date 11. If a limited partnership, it e 12. If a limited liability compa	A agent at that office is <u>C T C</u> ddresses of the entity's represent Street or P.O. Box Street or P.O. Box Street or P.O. Box Street or P.O. Box Doration, all the individual sha ne or more states or territories orporation. of filing this application, the a lects to be a limited liability limit ny, check box if manager-m	sentatives (secretary, officers and direct City City reholders, not less than one half (1/2) of s of the United States or District of Col bove-named entity validly exists under hited partnership. Check the box if ap anaged:	State	Zip Code Zip Code Zip Code cofficers other than the secretary al service described in the f its formation.
and the name of the registered 8. The names and business a SEE ATTACHED Name Name 9. If a professional service corp and treasurer are licensed in o statement of purposes of the c 10. I certify that, as of the date 11. If a limited partnership, it e 12. If a limited liability compa 13. This application will be effe	A agent at that office is <u>C T C</u> ddresses of the entity's represent Street or P.O. Box Street or P.O. Box Street or P.O. Box Street or P.O. Box Street or P.O. Box oporation, all the individual sha ne or more states or territories orporation. of filing this application, the a lects to be a limited liability liminy, check box if manager-metricores ective upon filing.	sentatives (secretary, officers and direct City City reholders, not less than one half (1/2) of s of the United States or District of Col bove-named entity validly exists under hited partnership. Check the box if ap	State	Zip Code Zip Code Zip Code Zip Code e officers other than the secretary al service described in the
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and the name of the registered 8. The names and business at SEE ATTACHED Name Name 9. If a professional service corp and treasurer are licensed in o statement of purposes of the c 10. I certify that, as of the date 11. If a limited partnership, it e 12. If a limited liability compa 13. This application will be effer Jun Jun M Signature of Authorized Represe	A agent at that office is <u>C T C</u> ddresses of the entity's represent Street or P.O. Box Street or P.O. Box orporation, all the individual sha ne or more states or territories orporation. of filing this application, the a lects to be a limited liability liminy, check box if manager-meter ective upon filing.	sentatives (secretary, officers and direct City City City City City City control less than one half (1/2) of s of the United States or District of Coll bove-named entity validly exists under nited partnership. Check the box if appanaged:	State State State State State State State State Index of the jurisdiction of the laws of the jurisdiction of blicable: 10/1: tte	Zip Code Zip Code Zip Code cofficers other than the secretary al service described in the f its formation. 2/2023 Date f the business entity.

Mercedes-Benz HPC North America LLC Managers List

David Fernandez MN8 Energy, Inc. 770 Eleventh Avenue New York, NY 10019

Eva Greiner Mercedes-Benz Mobility AG Siemensstraße 7 70469 Stuttgart Germany

Marina Huettinger Mercedes-Benz Mobility AG Siemensstraße 7 70469 Stuttgart Germany

Marcus Heinkele Mercedes-Benz Group AG Mercedesstr. 120 70372 Stuttgart Germany

Craig Walters Mercedes-Benz Financial Services USA LLC One Mercedes-Benz Drive Sandy Springs, GA 30328