



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

Pursuant to the provisions of KRS 14A – 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 entity is a: profit corporation ☐ nonprofit corporation ☒ professional limited liability company ☐
business trust ☐ limited liability company ☐ statutory trust ☐
limited partnership ☐ ltd cooperative association ☐ public benefit corporation ☐
non-profit llc ☐ professional service corporation ☐ other ☐

2. The name of the entity is RWE Clean Energy O&M, LLC

(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable):

(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Delaware

5. The date of organization is 06/15/2006

and the period of duration is perpetual

(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is

353 N. Clark St. FL 30

Street Address

Chicago

City

IL

State

60654

Zip Code

7. The street address of the entity's registered office in Kentucky is

306 W. Main Street, Suite 512

Street Address (No P.O. Box Numbers)

Frankfort

City

KY

State

40601

Zip Code

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

RWE Clean Energy Services, LLC 353 N. Clark St. FL 30

Name

Street or P.O. Box

Chicago

City

IL

State

60654

Zip Code

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, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. If a limited liability company, check box if manager-managed:

13. This application will be effective upon filing.

Signature of Authorized Representative

Ingmar Ritzenhofen - CFO

Printed Name & Title

11/12/2024

Date

I, C T Corporation System

Type/Print Name of Registered Agent

, consent to serve as the registered agent on behalf of the business entity.

By: Denise Bell

Denise Bell

Printed Name

Asst. Secy.

Title

11/12/2024

Date

Signature of Registered Agent