

## State of Rhode Island and Providence Plantations

Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

## **Application for Certificate of Authority** Foreign Business Corporation

Filing and License Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1</u> Authority to transact business in the State	<u>405,</u> the undersigned foreign of Rhode Island, and for that	corporation hereby applies f purpose submits the following	or a Certificate of ng statement:
1. The name of the corporation is:			The second secon

Siemens Wind Power, Inc.	
2, It is incorporated under the laws of: Dela	aware
3. The name, if different, which it elects to use in Rhode Isla	
(a) If the name of the corporation in its jurisdiction of incorporated, or "limited," or an abbreviation thereof, then the above corporate endings for use in Rhode Island:	oration does not contain the word "corporation", "company", list the name of the corporation with the addition of one of
(b) If the corporate name is not available in Rhode Island, to corporation will qualify and transact business in Rhode Island be filed with this application:	hen set forth below the fictitious name under which the nd as stated in the "Fictitious Business Name Statement" to
4. The date of its incorporation is:	07/13/16
And the period of its duration is: CHECK ONLY ONE BOX Perpetual (on-going)	
Date certain for dissolution	
5. The address of its principal office is:	

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City/Town East Providence  7. The purpose or purposes which it proposes which it proposes which it proposes and solutions, including without limitation and solutions.	gistered agen	t/office of in Rhode Island:		
City/Town  East Providence  7. The purpose or purposes which it proposes and and solutions, including without limitation and state or country of which it is incorporate.  NAME  Mark Albenze  NAME  Mark Albenze  Series Dent CEO Mark Albenze  VICE PRESIDENT  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
The purpose or purposes which it proposes that and solutions, including without limitation and state or country of which it is incorporate.  NAME  Mark Albenze  Mark Albenze  Series Dent Ceo Mark Albenze  VICE PRESIDENT  NEREASURER CFO Karen Lane  Secretary & Kirk Johnson  9. The aggregate number of shares which without par value, and series, if any, with NUMBER OF SHARES  CLASS	eterans Memor	rial Parkway, Suite 7A		
Design, development, manufacture, sale and and solutions, including without limitation at 8. (a) The names and respective address state or country of which it is incorporate.  NAME  Mark Albenze  8. (b) The names and respective address laws of the state or country of which it is  OFFICE  PRESIDENT  XINEASURER CFO Mark Albenze  VICE PRESIDENT  XINEASURER CFO Karen Lane  SECRETARY & Kirk Johnson  9. The aggregate number of shares which without par value, and series, if any, with NUMBER OF SHARES  CLASS	S	State RHODE ISLAND	Zip Code 02914	
8. (a) The names and respective address state or country of which it is incorporate NAME  Mark Albenze  8. (b) The names and respective address laws of the state or country of which it is OFFICE  PRESIDENT CEO Mark Albenze  VICE PRESIDENT  XXXEASURER CFO Karen Lane  SECRETARY & Kirk Johnson  9. The aggregate number of shares which without par value, and series, if any, with NUMBER OF SHARES  CLASS	oses to pursi	ue in the transaction of busin	ess in Rhode Island are:	
NAME  NAME  Mark Albenze  8. (b) The names and respective address laws of the state or country of which it is  OFFICE  YRESIDENT  VICE PRESIDENT  XIXEASIJRER CFO Karen Lane  SECRETARY & General Counsel  SECRETARY & Kirk Johnson  9. The aggregate number of shares which without par value, and series, if any, with NUMBER OF SHARES  CLASS	ill activities wi	th respect to wind turbine genera	ators and wind parks	
Mark Albenze  Karen Lane  3  8. (b) The names and respective address laws of the state or country of which it is  OFFICE  PRESIDENT  VICE PRESIDENT  VICE PRESIDENT  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ses of its dired d):			
8. (b) The names and respective address laws of the state or country of which it is  OFFICE  PRESIDENT CEO Mark Albenze  VICE PRESIDENT  XXXEASURER CFO Karen Lane  SECRETARY & Kirk Johnson  9. The aggregate number of shares which without par value, and series, if any, with NUMBER OF SHARES  CLASS		ADDRE	SS	
8. (b) The names and respective address laws of the state or country of which it is  OFFICE  PRESIDENT CEO Mark Albenze  VICE PRESIDENT  XXXEASURER CFO Karen Lane  SECRETARY & Kirk Johnson  9. The aggregate number of shares which without par value, and series, if any, with NUMBER OF SHARES  CLASS	500 Quadrang	le Boulevard, Orlando, FL 328	817	
OFFICE  WENT CEO Mark Albenze  VICE PRESIDENT  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	500 Quadrang	le Boulevard, Orlando, FL 328	817	
OFFICE  ***********************************	ses of its prin	cipal officers (mandatory if di	the box to indicate an attachment.  rectors are not required under the	
VICE PRESIDENT  VICE PRESIDENT  XIXEAXVIRER CFO Karen Lane  SECRETARY & Kirk Johnson  9. The aggregate number of shares which without par value, and series, if any, with NUMBER OF SHARES  CLASS	NAME		ADDRESS	
SECRETARY & Kirk Johnson  Secretary & Kirk Johnson  9. The aggregate number of shares which without par value, and series, if any, with NUMBER OF SHARES  CLASS		3500 Quadrangle Bo	3500 Quadrangle Boulevard, Orlando, FL 32817	
SECRETARY & Kirk Johnson  9. The aggregate number of shares which without par value, and series, if any, with NUMBER OF SHARES CLASS				
9. The aggregate number of shares which without par value, and series, if any, with NUMBER OF SHARES CLASS		3500 Quadrangle Bo	3500 Quadrangle Boulevard, Orlando, FL 32817	
without par value, and series, if any, with NUMBER OF SHARES CLASS		3500 Quadrangle Bo	3500 Quadrangle Boulevard, Orlando, FL 32817	
without par value, and series, if any, with NUMBER OF SHARES CLASS			he box to indicate an attachment. 🛛	
NUMBER OF SHARES CLASS	ch it has autho nin a class, is:	ority to issue; itemized by cla	sses, par value of shares, shares	
1000 Common		SERIES	R VALUE OR STATE NO PAR VALUE	
			\$0.01	

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10. (a) Estimate, in dollars, the value of all proper located:	ty to be owned by the corporation for the following	ng year, wherever		
\$100,000,000.00 (estimated)				
(b) Estimate, in dollars, the value of the corporation year:	n's property to be located within Rhode Island du	ring the following		
\$n/a - no property				
(c) Estimate, as a percentage, the proportion that within this state during the following year bears to t following year, wherever located. <i>Note: Divide (10b)</i>	the value of all property of the corporation to be	owned during the		
0.0 %				
11. (a) Estimate, in dollars, the gross amount of bus	siness to be transacted by the corporation during	the following year.		
\$_\$1,005,000,000.00				
(b) Estimate, in dollars, the gross amount of busine in Rhode Island during the following year.	ess to be transacted by the corporation at or fron	n places of business		
\$_zero (\$0)				
(c) Estimate, as a percentage, the proportion of the or from places of business in Rhode Island during be transacted by the corporation during the following percentage.	the following vear compared to the gloss allibur	If Hisisch Minch Mil		
zero (\$0)%				
12. This application must be accompanied by a Ce officer of the state or country under the laws of whi document.	ertificate of Good Standing/Letter of Status issue ich it is incorporated that is dated within 60 days	d by the proper of the filing of this		
13. Date when the Certificate of Authority will be ef	ffective: CHECK ONLY ONE BOX			
<ul><li>☑ Date received (Upon filing)</li><li>☐ Later effective date (Date must be no more th</li></ul>				
Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.				
Signature of Authorized Office of the Corporation	Type or Print Name of Authorized Officer	Date		
SIGN DOOMENT HERE	Kirk Johnson, General Counsel and Secretary	11/10/16		

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SIEMENS WIND POWER, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF OCTOBER, A.D.

2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203243679

Date: 10-28-16

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

