

Application for Registration FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned for a public applies for a Certificate of Registration to transact business in the purpose submits the following statement:					
1. The name of the limited liability company is:					
Sunnova Protect OpCo, LLC					
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes 🔲 No 🗹					
The name, if different, under which it proposes to register and transact business in Rhode Island is:					
_					
2. The LLC is organized under the laws of: Delaware					
3. The date of its organization is: 10/11/2018					
And the period of its duration is: CHECK ONE BOX ONLY					
Perpetual (on-going)					
Date certain for dissolution					
4. The name and address of the resident agent/office in Rhode	e Island is:				
Agent Name Corporation Service Company					
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200					
City/Town Warwick	State RHODE ISLAND	Zip Code 02888			
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:					
Monitoring and repair services related to solar PV systems.					
OT:[0:ZTHe 문] 보다 Check the box to indicate an attachment [그]					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 18 2024

	d the agent of the foreign limited liability company for ne resident agent cannot be found or served following			
7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:				
20 Greenway Plaza Ste 540 Houston, TX 77046				
8. The mailing address for the limited liabil	lity company is:			
20 Greenway Plaza Ste 540 Houston, TX 77046				
9. Management of the Limited Liability Co.	mpany:			
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX				
By its members (If you have checked this box, DO NOT fill out the chart below)				
By one (1) or more managers (List managers below)				
MANAGER	ADDRESS			
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.				
11. Date when this application for Certificate of Registration will be effective: CHECK ONE BOX ONLY				
✓ Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Name of LLC		Date		
Sunnova Protect OpCo, LLC		03/13/2024		
Signature of Authorized Person Timothy D. Mathis Digitally signed by Timothy D. Mathis Date: 2024.03.13 16:20:13 -05'00'				

Page 1



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

DELAWARE, DO HEREBY CERTIFY "SUNNOVA PROTECT OPCO, LLC" IS DULY

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

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTEENTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNNOVA PROTECT OPCO, LLC" WAS FORMED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2018.

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

Authentication: 203030658

Date: 03-15-24