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State of Rhode Island
Department of State - Business Services Division

## Application for Registration

FOREIGN Limited Liability Company

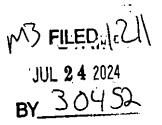
 $\rightarrow$  Filing Fee: \$150.00



Pursuant to the provisions of RIGL <u>7-16-49</u>, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:		
SUNRUN VESTA MANAGER 2024, LLC		
Is this company organized in its state or country of formation a	as a low-profit limited liability co	ompany? Yes 🔲 No 📝
The name, if different, under which it proposes to register and	transact business in Rhode Isl	and is:
2. The LLC is organized under the laws of: DELAWARE		
3. The date of its organization is: 07/09/2024		
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 Rhod	e Island is:	
Agent Name Corporation Service Company		
Street Address ( <u>NQT</u> a P.O. Box) 222 Jefferson Boulevard, St	uite 200	
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
5. The purpose or purposes which it proposes to pursue in the	e transaction of business in Rh	ode Island are:
PROVISION OF SOLAR SERVICES		
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	Check the bo	x to indicate an attachment 🔲
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MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



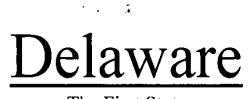
FORM 450 - Revised 08/2020

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6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.			
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:			
600 CALIFORNIA STREET, SUITE 1800,	SAN FRANCISCO, CA 94108		
8. The mailing address for the limited liability company is:			
600 CALIFORNIA STREET, SUITE 1800,	SAN FRANCISCO, CA 94108		
9. Management of the Limited Liability Con	mpany:		
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX			
By its members (If you have checked this box, go to Section 9. (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	
SUNRUN VESTA MANAGER 2024, LLC		07/19/2024	
Signature of Authorized Person		•	
Suchas Bach	Sundance Banks, Assistant Secretary of Sunrun Inc., Sole Member		

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNRUN VESTA MANAGER 2024, 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 EIGHTEENTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNRUN VESTA MANAGER 2024, LLC" WAS FORMED ON THE NINTH DAY OF JULY, A.D. 2024.

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



of State

Authentication: 203961705 Date: 07-18-24

4170956 8300 SR# 20243180295 You may verify this certificate online at corp.delaware.gov/authver.shtml State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

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:

July 24, 2024 12:11 PM

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Gregg M. Amore Secretary of State

