

State of Rhode IslandDepartment of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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REC'D RIDOS BSD 4 NOV 1 FM2: 16:43	

Pursuant to the provisions of RIGL 7-16-49 applies for a Certificate of Registration to t purpose submits the following statement:				
The name of the limited liability company is:				
IGS USB XIII, 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 o	of: Delaware			
3. The date of its organization is:	10/29/2024			
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 Rhode Island is			
Agent Name CT Corporation System				
Street Address (<u>NOT</u> a P.O. Box) 450 Vo	eterans Memorial Parkway, Suite	7A		
City/Town East Providence	State RHODE ISLAND	Zip Code	02914	
5. The purpose or purposes which it prop Solar Power Generation	oses to pursue in the transacti	on of business in Rhode Island Check the box to indica		

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 0 1 2024 By B23 S1

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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:					
6100 Emerald Parkway, Dublin, OH 43016					
8. The mailing address for the limited liab	8. The mailing address for the limited liability company is.				
6100 Emerald Parkway, Dublin, OH 43016					
9. Management of the Limited Liability C	ompany: CHECK ONE BOX O	NLY			
Members (Owners) OR Manager(s). Complete the chart below. DO NOT complete the chart below.					
	MANAGER(S) NAME	ADDRESS			
	Amy Gilmore	6100 Emerald Parkway, Dublin, OH 43016			
		Check the box to indicate an attachment			
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 Certific	cate of Registration will be effec	ctive: 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			
IGS USB XIII, LLC		10/29/2024			
Signature of Authorized Person Signod by: Imy Gilmon					



October 31, 2024

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

Re: Use of Similar Name

To Whom it May Concern:

The undersigned hereby gives consent to the organizer on the filing document for use of the name IGS USB XIII, LLC in Rhode Island.

Please do not hesitate to contact the Tax Team at taxdept@igsenergy.com if you need any additional information or have questions. Thank you for your time and cooperation relating to this matter.

Sincerely,

---Signed by:

Army 15947710724AD...

Member, IGS USB XI, LLC



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

DELAWARE, DO HEREBY CERTIFY "IGS USB XIII, 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 THIRTIETH DAY OF OCTOBER, A.D. 2024.

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

Authentication: 204753732

Date: 10-30-24

RI SOS Filing Number: 202460949080 Date: 11/1/2024 2:16:00 PM



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:

November 01, 2024 02:16 PM

Gregg M. Amore Secretary of State

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