Sebree Solar II, LLC

Case No. 2022-00131

Application – Exhibit 1

Kentucky State Board on Electric Generation and Transmission Siting Sebree Solar II, LLC – Case No. 2022-000131 Application – Exhibit 1

Filing Requirement

To apply for a certificate of public convenience and necessity to construct an electric transmission line of 138 kilovolts or more and more than 5,280 feet, a utility shall file with the commission: (1) All documents and information required by: (a) 807 KAR 5:001, Section 14, except that the applicant shall file the original and six (6) copies of the application (807 KAR 5:120, Section 2(1)(a))

If a limited liability company, the applicant shall identify in the application the state in which it is organized and the date on which it was organized, attest that it is in good standing in the state in which it is organized, and, if it is not a Kentucky limited liability company, state if it is authorized to transact business in Kentucky (807 KAR 5:001, Section 14(3))

Respondent: Jason Andrews

Sebree Solar II, LLC was organized in the state of Delaware on April 1, 2022. It is currently in good standing in the state in which it was organized, and it is authorized to transact business in the Commonwealth of Kentucky.

Attachment A: Certificate of Authority (1 Page)

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Application – Exhibit 1
Attachment A

Certificate of Authority (1 Page)



COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

1204999.06

dwilliams ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 4/27/2022 11:45 AM

Fee Receipt: \$90.00

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 on behalf of the entity named below		, , ,	0	nereby applies for author	ity to transact business in Kentucky
busines: limited p	rporation (KRS 271B) s trust (KRS 386). partnership (KRS 362). fit IIc (KRS 275)	limited liability company (KRS 275) professional limited liability company (KRS 275)			
2. The name of the entity is Sebre	ee Solar II, LLC			2011	·
	ne name must be identica		i with the Secretary of S	State.)	
3. The name of the entity to be use	o in Kentucky is (ii app	(Only provi	de if "real name" is una	available for use; otherwis	e, leave blank.)
4. The state or country under whos	, ,	anized is <u>Delaware</u>			·
5. The date of organization is <u>04/0</u>	1/2022		nd the period of durat		s considered perpetual.)
6. The mailing address of the entity	y's principal office is			(ii leit bialik, duration i	s considered perpetual.)
700 Universe Blvd.			Juno Beach	FL	33408
Street Address			City	State	Zip Code
7. The street address of the entity's	s registered office in Ke	entucky is			
421 West Main Street Street Address (No P.O. Box Numbers			Frankfort City	KY State	40601 Zip Code
and the name of the registered age	,	rnoration Service Co	•	Otato	2.6 0000
The names and business address				s, managers, trustees o	general partners):
		` `			,
See Attached Name	700 Universe B Street or P.O. Box		Juno Beach City	FL State	33408 Zip Code
Name	Street or P.O. Box		City	State	Zip Code
Name	Street or P.O. Box	<u> </u>	City	State	Zip Code
9. If a professional service corporation, all t more states or territories of the United State	es or District of Columbia to	render a professional service	ce described in the stateme	ent of purposes of the corpora	tion.
10. I certify that, as of the date of fil11. If a limited partnership, it elects	• • • • • • • • • • • • • • • • • • • •	•	•	—	or its formation.
12. If a limited liability company, c 13. This application will be effective The effective date or the delayed ef	check box if manager- e upon filing, unless a d ffective date cannot be	managed: lelayed effective date a prior to the date the a	and/or time is provided	— d.	
Please indicate the Kentucky county County: Henderson County	·	·			
		nplete the following, ple			(
Please indicate the size of your bus Small (Fewer than 50 employ Large (50 or more employees)				ip more than fifty percent linority Owned	(50%) of your business ownership:
Please indicate which of the following	ng best describes vour b	usiness:			
	•	☐ Services	☐ Construction		
☐Wholesale Trade ☐F	Retail Trade Transportation, Commun	Manufacturing ications, Electric, Gas, Sa	Finance, Insurantiary Services	ance, Real Estate	
166-		Jason	B. Pear, Assistant	Secretary 04	/26/2022
Signature of Authorized Representati	ve		Printed Name & Title		Date
I, Corporation Service Compan	у	, cons	ent to serve as the reg	gistered agent on behalf	of the business entity.
Type/Print Name of Registered Age					04/27/2022
By: Will k Signature of Registered Agent	Kaitlyn Rose	Corporation Ser	vice Company	Asst. Secretary	
orginature of Registered Agent		FIIILEU NAITIE		THE	Date