

21-310230



Secretary of State
Statement of Information
 (Limited Liability Company)

LLC-12

146

FILED
 Secretary of State
 State of California

JUL 30 2021

21/20/PC

Above Space For Office Use Only

IMPORTANT — This form can be filed online at bizfile.sos.ca.gov.

Read instructions before completing this form.

Filing Fee — \$20.00

Copy Fees — First page \$1.00; each attachment page \$0.50;
 Certification Fee - \$5.00 plus copy fees

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

Madison Vernon 4901 LLC

2. 12-Digit Secretary of State Entity (File) Number

2 0 2 1 1 7 2 1 0 1 2 2

3. State, Foreign Country or Place of Organization (only if formed outside of California)

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box

8100 Boone Blvd., Suite 310

City (no abbreviations)

Vienna

State

VA

Zip Code

22182

b. Mailing Address of LLC, if different than item 4a

City (no abbreviations)

State

Zip Code

c. Street Address of California Office, if item 4a is not in California - Do not list a P.O. Box

4901 Bandini Boulevard

City (no abbreviations)

Vernon

State

CA

Zip Code

90058

5. Manager(s) or Member(s)

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name **and** address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and address(es) on Form LLC-12A.

a. First Name, if an individual - Do not complete Item 5b

Middle Name

Last Name

Suffix

b. Entity Name - Do not complete Item 5a

Madison Energy Holdings LLC

c. Address

8100 Boone Blvd., Suite 310

City (no abbreviations)

Vienna

State

VA

Zip Code

22182

6. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)

Middle Name

Last Name

Suffix

b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box

City (no abbreviations)

State

CA

Zip Code

CORPORATION - Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 6a or 6b

Corporation Service Company Which Will Do Business In California As CSC - Lawyers Incorporating Service (C1592199)

7. Type of Business

Describe the type of business or services of the Limited Liability Company

Commercial production and sale of solar energy

8. Chief Executive Officer, if elected or appointed

a. First Name

Middle Name

Last Name

Suffix

b. Address

City (no abbreviations)

State

Zip Code

9. By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.

07/23/2021

Date

Guillermo Sandoval Coustasse

Type or Print Name of Person Completing the Form

Auth. Signatory

Title

Guillermo Sandoval Coustasse
 Signature