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August 1, 2018

Via U.S. Mail and E-mail

Mr. Darrell Nitschke
Executive Director
North Dakota Public Service Commission
600 E. Boulevard, Dept. 408
Bismarck, ND 58505-0480

E-mail: ndpsc@nd.gov

In re: Emmons-Logan Wind, LLC – PU-18-293
Our File No. 035218-000046

Dear Mr. Nitschke:

Enclosed for filing are one certified copy and seven copies of the Certificate of Authority for Emmons-Logan Wind, LLC.

Sincerely,

CROWLEY FLECK PLLP


Casey A. Furey

CAF:sal

Enc.: Certificate of Authority

cc: Patrick Fahn (via e-mail at pfahn@nd.gov)

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PU-18-293 Filed: 8/1/2018
Certificate of Authority

Pages: 3

RECEIVED

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CERTIFICATE OF AUTHORITY APPLICATION SEC. OF STATE
FOREIGN LIMITED LIABILITY COMPANY
SECRETARY OF STATE
SFN 19381 (09-2015)

For Office Use Only

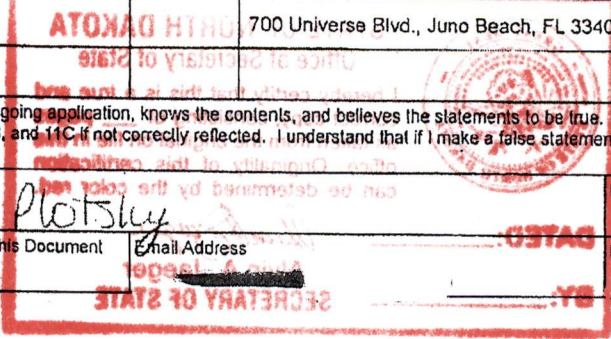
ID Number:	42,195,900 FLC
WO Number:	1466238
Filed:	11/23/2016
By:	[Signature]

SEE INSTRUCTIONS FOR FEE, FILING AND MAILING INFORMATION

TYPE OR PRINT LEGIBLY

For reference, see North Dakota Century Code, Sections 10-31-01, 10-31-13.1 and 10-32.1-75

1. The application is accompanied by the following:	
<input type="checkbox"/> *Filing fee of \$135	<input type="checkbox"/> Certificate of professional license
<input type="checkbox"/> *Current CERTIFICATE OF GOOD STANDING or CERTIFICATE OF EXISTENCE duly authenticated by the organizing officer of the state or country of organization	<input type="checkbox"/> Signed Consent to Use Business Name and fee of \$10
	<input type="checkbox"/> Trade Name Registration and fee of \$25
2. Type of limited liability company applying for certificate of authority (check one)	
<input checked="" type="checkbox"/> Foreign Business	<input type="checkbox"/> Foreign Professional
3. Federal ID Number applied for	
4. Name of limited liability company EXACTLY as it appears on Certificate of Good Standing from state or country of origin Emmons-Logan Wind, LLC	
5. If applicable, provide the trade name and complete the Trade Name Registration form. If selected trade name is not already registered in North Dakota. Only provide the trade name in this line if:	
a) The "new" limited liability company name is not in the form as required of limited liability companies in North Dakota.	
b) The Secretary of State has notified the limited liability company that its "new" name is the same or deceptively similar to a name already registered, and the limited liability company is unable to obtain Consent to Use Business Name from the previous filer or a certified copy of a final decree of a court of competent jurisdiction establishing prior right of this limited liability company to use of the name in North Dakota.	
c) The limited liability company does not wish to use or protect its "new" name in North Dakota and chooses to use a name other than its limited liability company name.	
6. Complete address of principal executive office (Street/RR, PO Box, City, State, ZIP+4) Street address MUST be provided; may not be only a post office box. 700 Universe Drive, Juno Beach, FL 33408	
7. State or Country Where Organized Delaware	8. Limited liability company will expire in state or country of origin (check one) <input checked="" type="checkbox"/> Perpetual <input type="checkbox"/> Expires - Specify date: _____
9. Telephone Number (561) 691-7259	10. Toll Free Telephone Number
11A. Name of <u>commercial</u> registered agent in <u>North Dakota</u> Corporation Service Company	OR 11B. Name of <u>noncommercial</u> registered agent in <u>North Dakota</u>
11C. Address of <u>noncommercial</u> registered agent in <u>North Dakota</u> (Street/RR, PO Box, City, State, ZIP+4) Street address MUST be provided; may not be only a post office box.	
12. Nature of business or activities the limited liability company conducts or intends to conduct in North Dakota Development and operation of wind farm	
13. Managers and governors of the limited liability company (attach additional sheet, if necessary)	
MANAGERS	Manager also serves as Governor
	COMPLETE MAILING ADDRESS
	Street/Rural Route Post Office Box City State ZIP+4
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Managing Member ESI Energy, LLC, Sole Member	700 Universe Blvd., Juno Beach, FL 33408
Managing Member	
14. "The undersigned has read the foregoing application, knows the contents, and believes the statements to be true. I further authorize the Secretary of State to correct numbers 4, 7, 11A, 11B, and 11C, if not correctly reflected. I understand that if I make a false statement in this document, I may be subject to criminal penalties."	
Signature Melissa A. Plotsky	Date 11/1/16
15. Name of Person to Contact About This Document Amy Lowe	Email Address [Redacted] Daytime Telephone Number [Redacted]





STATE OF NORTH DAKOTA
Office of Secretary of State

I hereby certify that this is a true and correct copy, consisting of 1 pages as taken from the original on file in this office. Originality of this certification can be determined by the color red.

DATED: 7.25.18
BY: Alvin A. Jaeger

Alvin A. Jaeger
Alvin A. Jaeger
SECRETARY OF STATE