

B24000000138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

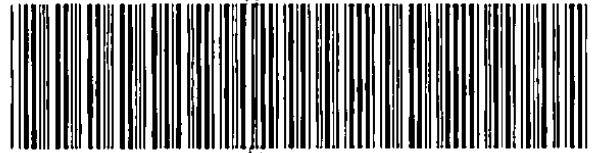
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24-68734

Office Use Only



000428281780

2024 MAY -1 11:04

2024 MAY -1 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

MAY 06 2024  
K. Brumbley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 2, 2024

SUNSHINE STATE

SUBJECT: TRAIL RIDGE POWER, L.P.  
Ref. Number: W24000068734

**CORRECTED**  
Please Allow For  
Same File Date

We have received your document for TRAIL RIDGE POWER, L.P. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones  
Regulatory Specialist II

Letter Number: 724A00009639

RECEIVED  
2024 MAY -6 PM 3:29  
REGISTRATION OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 05/01/2024

**\*\*WALK IN**

ENTITY NAME Trail Ridge Power, L.P.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$1000

ACCOUNT #: 120160000072

*S. R. J. W.*

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Trail Ridge Power, L.P.

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Lauren Bunce

Contact Person

c/o Foley Hoag LLP

Firm/Company

155 Seaport Boulevard

Address

Boston, MA 02210

City, State and Zip Code

james.geshwiler@trailridgepower.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Bunce

at ( 617 ) 832-1732

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (S965 Filing Fee and S35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA

1. Trail Ridge Power, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware

3. 11/14/2023

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number: 93-4556956

5. Name of Registered Agent for Service of Process and Florida Street Address:

URS Agents, LLC

3458 Lakeshore Drive

Tallahassee, FL 32312

6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

BY Kathy Clark Kathy Clark, Asst. Secretary  
Signature of Registered Agent

7. Principal Office:

c/o Trail Ridge Power Holdings, LLC

625 Massachusetts Ave., 2nd Floor

Cambridge, MA 02139

8. Mailing Address:

c/o Trail Ridge Power Holdings, LLC

625 Massachusetts Ave., 2nd Floor

Cambridge, MA 02139

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Trail Ridge Power Holdings, LLC

Street Address: 625 Massachusetts Ave., 2nd Floor  
Cambridge, MA 02139

Mailing Address: 625 Massachusetts Ave., 2nd Floor  
Cambridge, MA 02139

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

20241114 - 1 PM 6:44

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_


11. **Effective date, if other than the date of filing:** \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction of the law of which it is organized.

Signed this 17th day of April, 2024

  
James Geschwiler, CFO of General Partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (S965 Filing Fee and S35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRAIL RIDGE POWER, L.P." 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 FIRST DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRAIL RIDGE POWER, L.P." WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2023.

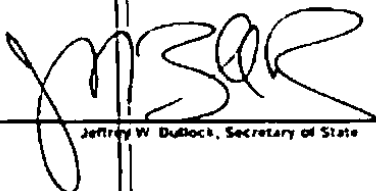
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



2636760 8300

SR# 20241778039

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203372001

Date: 05-01-24