

9/8/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000311467 3)))



H200003114673ABCY

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**

TriNetX, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$1,328.75

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 10 2020

DocuSign Envelope ID: 2FDDEABC-CB8B-41F5-9FE0-1AD630935ABD

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. TriNetX, Inc

(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

Delaware

2. (State or country under the law of which it is incorporated)

3. (FEI number, if applicable)

July 12, 2013

4. (Date of incorporation)

5. (Date of duration, if other than perpetual)

October 31, 2015

6. (Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

125 Cambridgepark Drive, Suite 500, Cambridge, MA 02140

7. (Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.

C T Corporation System

By: Chris Rickard, Assistant Secretary

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

DocuSign Envelope ID: 2FDDEABC-CB8B-41F5-9FE0-1AD630935ABD

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: See attached

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

President: Gad Lachman

Address: 125 Cambridgepark Drive, Suite 500, Cambridge, MA 02140

Vice President:

Address:

Secretary: Christopher Fraser

Address: 125 Cambridgepark Drive, Suite 500, Cambridge, MA 02140

Treasurer: Christopher Fraser

Address: 125 Cambridgepark Drive, Suite 500, Cambridge, MA 02140

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.

DocuSigned by:

72749140748F4B3

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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.

13. Gad Lachman, President

(Typed or printed name and capacity of person signing application)

**DIRECTORS**

Morana Jovan-Embiricos	125 Cambridgepark Drive, Cambridge MA 02140
Gad Lachman	125 Cambridgepark Drive, Cambridge MA 02140
Leslie Henshaw	125 Cambridgepark Drive, Cambridge MA 02140
Nicholas McGrath	125 Cambridgepark Drive, Cambridge MA 02140
Anthony Rosenberg	125 Cambridgepark Drive, Cambridge MA 02140
Jeffrey Margolis	125 Cambridgepark Drive, Cambridge MA 02140
Joseph Volpe	125 Cambridgepark Drive, Cambridge MA 02140

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRINETX, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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



5365889 8300

SR# 20207155202

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203612430

Date: 09-08-20