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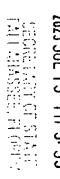
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Certified Copies	_ Certificates	of Status		
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APPROVEÚ AND FILED

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### **COVER LETTER**

	stration Section sion of Corporations			
SUBJECT:	Trinnex Inc.			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ne of corporation	- must include suffix	
Dear Sir or M	ladam:			
"Certificate of	"Application by Foreign of Existence," or "Certificated foreign corporation to	ate of Good Stan	ding" and check are sub-	
Please return	all correspondence conce	rning this matter	to the following:	
Amymarie R	. Corriveau			
	·-····································	Name of I	Person	
Trinnex Inc.				
		Firm/Com	pany	
670 N. Comm	iercial St. Ste 208			
		Addre	SS	
Manchester, N	VH 03101			
		City/State ar	nd Zip code	
oneillss@cdn				
	E-mail addre	ess: (to be used f	or future annual report n	otification)
For further in	formation concerning this	matter, please c	all;	
Kathryn Sheel	nan	at (	Daytime Teleph	
Nam	e of Person	Area Code	Daytime Teleph	none Number
Regis Divis The C 2415	EET/COURIER ADDRI stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 8 hassee, FL 32303		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
	<del>-</del>	DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy



July 10, 2023

Attn: Mr. Kyle Brumbley Florida Department of State, Division of Corporations/Sunbiz 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Subject: Trinnex Inc. Letter of Release of Name

Dear Mr. Brumbley,

As the President of Trinnex Inc. (Document No. P23000046232), and per your kind guidance and direction to Kathryn Sheehan of our Office of General Counsel, I am writing to express the intention of Trinnex Inc. to unequivocally release its name as part of its submittal of dissolution documentation as a domestic corporation only. The name Trinnex Inc. is being released in order to facilitate the immediate filing of Trinnex Inc. as a foreign corporation authorized to do business in the state of Florida.

If you have any questions about our intention to release the name Trinnex Inc., please contact:

Kathryn Sheehan Legal Counsel CDM Smith Inc. (parent company to Trinnex Inc.) 617-452-6211 sheehankg@cdmsmith.com

Signed

Amymarie R. Corriveau

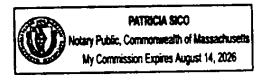
President Trinnex Inc.

State of <u>Massachusetts</u> County of <u>Suffolk</u>

I, <u>Patricia Sico</u>, a Notary Public for said County and State, do hereby certify that

<u>Amy marie B Corciveau</u> personally appeared before me and acknowledged the foregoing instrument.

Witness my hand and official seal, on this <u>10th</u> day of <u>July</u>, 2023.



Catricia Sica Nota

Notary Public

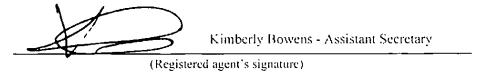
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

(If name onavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	ne husiness in Florida)
Delaware	laware 87-2748629		
(State or countr	(State or country under the law of which it is incorporated) (		oplicable)
12/27/2021	5		
(Date	of incorporation)	(Date of duration, if other	than perpetual)
06/15/2023			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) 2. F.S., to determine penalty liabili	ity)
670 N. Commerc	ial Street, Ste 208, Manchester, NH 03101 (Principal office	street address)	
	(Current mailing	address, if different)	2023 JUL SECKLI MECKLI
Name and stree	et address of Florida registered agent: (P.O. 1	Box NOT acceptable)	
Name:	C T CORPORATION SYSTEM	<u> </u>	第2 3 第2 <b>3</b> 第2 <b>3</b>
ffice Address:	1200 S. PINE ISLAND RD	<del>_</del>	(元) <b>(元)</b> (元) (元) (元) (元) (元) (元) (元) (元) (元) (元)
	PLANTATION	, Florida	<b>∄</b> 55 €
	(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.



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.

A. DIRECTORS							
□ Chairman	Name:AMYMARIE R. CORRIVEAU	☐ Chairman	Name: CHRISTOPHER R. CAMPBELL				
□Vice Chairman	Address:	□Vice Chairman	Address: 75 STATE ST.				
Director	STE 208	□Director	STE 701				
■ President	MACHESTER, NH	□President	BOSTON, MA				
□Vice President	03101	□Vice President	02109				
☐ Secretary	□Treasurer	□ Secretary	<b>■</b> Treasurer				
□Other	□Other	□Other	Other				
□Chairman	Name: MARIO J. MARCACCIO	□Chairman	Nume: CORY ROGERS				
□Vice Chairman	Address:	□Vice Chairman	Address: 10306 EATON PLACE				
□Director	STE 701	□Director	STE 220				
□President	BOSTON, MA	□President	FAIRFAX, VA				
□Vice President	02109	□Vice President	22030				
<b>■</b> Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	□Other	□Other SR, VP	Other				
□Chairman	Name: EOIN HOWLETT	DWLETT Chairman	Name:				
□Vice Chairman	Address:	□ Vice Chairman	75 STATE ST. Address:				
□Director	BUILDING A, STE A425	■Director	STE 701				
□President	PROVIDENCE, RI	□President	BOSTON, MA				
■ Vice President	02903	□Vice President	02109				
□Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other	Other	□Other	□Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  12. 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.

, Amymarie R. Corriveau, President and Director, Trinnex Inc.

## TRINNEX INC.

## **OFFICERS and DIRECTORS**

Updated June 8, 2023

Officers:

President: Amymarie R. Corriveau

Treasurer: Christopher Campbell

Secretary/Clerk: Mario J. Marcaccio

Senior Vice President: Cory Rogers

Vice President: Eoin Howlett

Directors: Julia B. Forgas

Amymarie R. Corriveau

(No. 7) (Jennifer Prescott)

**555 17TH STREET** 

STE 500

DENVER CO 80202



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TRINNEX 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 FIFTH DAY OF MAY, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRINNEX INC."

WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2021.

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

AS OF THE PARTY OF

Authentication: 203291170

Date: 05-05-23