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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	FCT: Total Resource Manag	ement, Inc.			
3010		lame of corporat	on - must	include suffix	
Dear S	ir or Madam:				
"Certif	iclosed "Application by Forei licate of Existence," or "Certi referenced foreign corporatio	ficate of Good S	tanding" a	ind check are sub	
Please	return all correspondence cor	ncerning this mat	ter to the	following:	
Susan	Hoeing				
		Name	of Person		
Total F	Resource Management, Inc.				
		Firm/C	ompany		·
5695 K	King Centre Drive, Suite 200				
		Ad	dress		
Alexan	ndria, VA 22315				
		City/State	e and Zip	code	
contrac	ets@trmnet.com				
	E-mail a	ddress: (to be use	d for futu	re annual report r	notification)
For fur	rther information concerning	this matter, pleas	e call:		
Susan	Hoeing	at (, 527	-1103	
•	Name of Person	Area C		Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please i	_		□ \$78.7	ATE 5 Filing Fee & fied Copy	□ \$87.50 Filing Fee. Certificate of Status & Certified Copy

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.

	orporation; must include "INCORPORATED,"	"COMPANY" "CORPORATION"	· · · · · · · · · · · · · · · · · · ·
"lnc" "Co.," "C	orp." "Inc." "Co," or "Corp.")	COMPANT, CONFORATION.	
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting busin	ess in Florida)
Virginia	3.	54-1671836	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable	e)
6/15/1993	5.		
(Date	of incorporation)	(Date of duration, if other than pe	rpetual)
	(Date first transacted business in		
5605 King Contr	(SEE SECTIONS 607.1501 & 607.15 e Drive, Suite 200	2, r.s., to determine penaity habinty)	
3095 King Centr		e <u>street</u> address)	
Alexandria, VA	·	e <u>street</u> address)	
		address, if different)	
	(Caren mann)	address. If different	
Nome and strai			
TRAINING ARROUNDED	et address of Florida registered agent: (P.O	Box NOT acceptable)	
	et address of Florida registered agent: (P.O Corporation Service Company	Box NOT acceptable)	
Name:	Corporation Service Company	Box NOT acceptable)	
Name:		Box NOT acceptable)	202 T
Name:	Corporation Service Company 1201 Hays Street Tallahassee	 32301	2025 AF
Name:	Corporation Service Company 1201 Hays Street Tallahassee	Box NOT acceptable) Florida 32301 (Zip code)	2025 APR 1
Name: ffice Address:	Corporation Service Company 1201 Hays Street Tallahassee (City)	Florida 32301	2025 APR 11
Name: ffice Address:	Corporation Service Company 1201 Hays Street Tallahassee (City)	Florida 32301 (Zip code)	2025 APR After the property of the property
Name: ffice Address: Registered agaving been namesignated in this	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointm	. Florida 32301 (Zip code) e of process for the above stated corpoent as registered agent and agree to ac	z in th is capač
Name: ffice Address: Registered againg been namesignated in this arther agree to c	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointm comply with the provisions of all statutes re	Elorida 32301 (Zip code) e of process for the above stated corport as registered agent and agree to additive to the proper and complete perf	z in th is capač
Name: Iffice Address: Registered againg been namesignated in this arther agree to c	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointm	Elorida 32301 (Zip code) e of process for the above stated corport as registered agent and agree to additive to the proper and complete perf	z in th is capač
Name: Office Address: Registered agilaving been namesignated in this	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointm comply with the provisions of all statutes re	Elorida 32301 (Zip code) e of process for the above stated corport as registered agent and agree to additive to the proper and complete perf	z in th is capač
Name: Office Address: Registered agilaving been namesignated in this	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointm comply with the provisions of all statutes re	Thorida 32301 (Zip code) e of process for the above stated corpoent as registered agent and agree to additive to the proper and complete perfetion as registered agent.	z in th is capač

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: A14CCFE2-6D7D-40C8-802A-080631D121E6 A. DIRECTORS Don Omura Jagadisan Shivakumar ☐ Chairman Name: □ Chairman 5695 King Centre Drive 5695 King Centre Drive □Vice Chairman Address: □ Vice Chairman Address: Suite 200 Suite 200 **■**Director ■ Director Alexandria, VA 22315 Alexandria, VA 22315 □President President ☐ Vice President □Vice President __ **■**Treasurer □ Secretary **■**Secretary ☐Treasurer CEO ■Other □Other _____ □Other _____ □Other _____ Steve Barrington □ Chairman □ Chairman Name: _____ 5695 King Centre Drive Address: Address: _____ ☐ Vice Chairman ☐ Vice Chairman Suite 200 □ Director ☐ Director Alexandria, VA 22315 □ President □ President □ Vice President □ Vice President □ Secretary ☐ Treasurer □ Treasurer □ Secretary CFO ■Other_ □Other _____ ☐Other _____ □Other _____ Name: □ Chairman □ Chairman Name: _____ □ Vice Chairman Address: _____ □ Vice Chairman Address: _____ □ Director □ Director ☐ President □President ☐ Vice President ☐ Vice President ☐Treasurer □ Secretary □ Secretary □Treasurer

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.

□Other _____

□Other _____

3/24/2025

□Other _____

□Other _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) aftirms 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.

Steve Barrington, Chief Financial Officer

Commondoealth & Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That TOTAL RESOURCE MANAGEMENT, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on June 15, 1993;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

February 12, 2025

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2025021221394277