

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **profit corporation**.
2. The name of the entity is: **TRIAGA INC.**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **8/11/2021** and the period of duration is **perpetual**.

5. Principal Office

677 Washington Blvd.
Suite 1100
Stamford, CT 06901

6. Required Representatives

Officer	Stacy Kennedy	677 Washington Blvd. Suite 1100	Stamford	CT	06901
Officer	Ann Marie Kaczorowski	677 Washington Blvd. Suite 1100	Stamford	CT	06901
Officer	Darlene Quashie Henry	677 Washington Blvd. Suite 1100	Stamford	CT	06901
Officer	Thomas Lane	677 Washington Blvd. Suite 1100	Stamford	CT	06901

7. Registered Agent/Office

CT Corporation System
306 West Main St.
Suite 512
Frankfort, KY 40601

I, **CT Corporation System**, consent to sign for **CT Corporation System** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, November 27, 2023

As the Authorized Representative, I, **Thomas Lane**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Assistant Secretary**