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(Requestor's Name)					
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PICK-UP	WAIT MAIL				
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Certified Copies	Certificates of Status				
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COVER LETTER

TO: New Filing Division of	s Section f Corporations			
	yon Solutions, I	nc		
SUBJECT,	·		- must include suffix	
Dear Sir or Madam	:			
"Certificate of Exis	lication by Foreign Corpostence," or "Certificate of oreign corporation to trans	Good Stai	nding" and check are sub	
Please return ali co	rrespondence concerning	this matte	r to the following:	
Adam Dow	ning			
		Name of	Person	
Tryon Solu	tions, Inc			
		Firm/Con	pany	
PO Box 12	591			
Raleigh, N	C 27605	Addr	ess	
	Ci	ty/State a	nd Zip code	
accounting@	tryonsolutions.c	om		
	E-mail address: (to	be used	for future annual report	notification)
For further informa	tion concerning this matte	r, please o	eall:	
Adam Dow	ning at (919	, 439-3100	
Name of P		Area	Code & Daytime Teleph	one Number
				~
New Filing Division of Clifton Bui 2661 Execu Tallahassee	Corporations Iding Itive Center Circle F., FL 32301		MAILING A New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a check Filing Fe	for the following amount ee	e& 🗆	\$78.75 Filing Fee & Certified 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.

··	lutions, Inc			
	orporation: must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
(If name unavailal	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in I		
2. North Car		27-1391150	,	
<i>-</i>	under the law of which it is incorporated)	(FEI number, if applicable)		
4. Decembe	r 10, 2009	perpetual	1	
•	of incorporation)	(Duration: Year corp. will cease to exist or "perp	etual)	
_{6.} Upon Filir	ng			6134 6137 6137
	(Date first transacted business i	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	2	MOF 4
_ 708 Saint	Mary's Street, Raleigh, N	•	نيب	PAN A
7. (Principal office address)			- 2	ON.
PO Box 12	591, Raleigh, NC 27605	,		
-	(Current mailing add	ress)		
8. Name and street	address of Florida registered agent: (P.	O. Box NOT acceptable)		
Name:	InCorp Services, Inc.			
Office Address:	17888 67th Court North			
	Loxahatchee	, Florida 33470		
	(City)	(Zip code)		
designated in this of further agree to co.	d as registered agent and to accept serv application, I hereby accept the appoint		his capac ice of m	city. I y
1	(Registered agent's s		IN	()

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Adam Downing Address: 708 Saint Mary's Street Raleigh, NC 27605 Vice Chairman: Joshua Owen Address: 708 Saint Mary's Street Raleigh, NC 27605 Director: Jeffrey Williams 708 Saint Mary's Street Address: Raleigh, NC 27605 Director: Address: B. OFFICERS President: Adam Downing Address: 708 Saint Mary's Street, Raleigh, NC 27605 Vice President: Joshua Owen Address: 708 Saint Mary's Street, Raleigh, NC 27605 Secretary: Jeffrey Williams 708 Saint Mary's Street, Raleigh, NC 27605 *none* Treasurer: Address: NOTE: If hecessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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. Adam Downing



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

TRYON SOLUTIONS, INC

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 10th day of December, 2009, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 12th day of November, 2014.

Elaine J. Marshall

Secretary of State