F110000000381

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

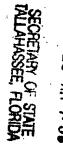
Special Instructions to Filing Officer:
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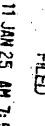
Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Tryon Solutions, Inc.	
	ration - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation" (Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	n for Authorization to Transact Business in Florida," I Standing" and check are submitted to register the usiness in Florida.
Please return all correspondence concerning this n	natter to the following:
Adam Downing	
Nan	ne of Person
Tryon Solutions, Inc	
Firm	/Company
2006 Lost Ln	
	Address
Raleigh, NC 27603	
City/S	tate and Zip code
adam@tryonsolutions.com	
	used for future annual report notification)
For further information concerning this matter, ple	ease cali:
Adam Downing at (91	9) 899-9281
	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78:75 Filing Fee & \$87.50 Filing Fee, Certified Copy 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.

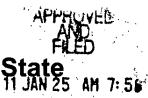
1. Tryon Solution			
	rporation; must include "INCORPORATED, rp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in	Florida)
2. North Carolir	-	27-1391150	,
(State or country u	inder the law of which it is incorporated)	(FEI number, if applicable)	
4. <u>12-DEC-20</u>		Perpetual	
	of incorporation)	(Duration: Year corp. will cease to exist or "perp	petual")
6. 3-JAN-201		n Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.13	502, F.S., to determine penalty liability)	
7. 2006 Lost	Ln, Raleigh, NC 27603 (Principal office add	les es)	
2006 Lost	Ln, Raleigh, NC 27603	ress)	
2000 2001	(Current mailing add	lress)	<u> </u>
IT conquiti	ing condess		S =
8. IT consulti	of corporation authorized in home state or co	ountry to be carried out in state of Florida)	25
Name and street	address of Florida registered agent: (P.C). Box NOT acceptable)	JAN 25 AN 7: 5
Name:	Joshua Owen		0 33
Name.			
0.65			蘇州 記
Office Address:	145 10th Ave North, Suite 2		
Office Address:	145 10th Ave North, Suite 2 St. Petersburg	, Florida 33701	SA SA
	145 10th Ave North, Suite 2 St. Petersburg (City)	, Florida 33701 (Zip code)	SA SA
10. Registered ag	145 10th Ave North, Suite 2 St. Petersburg (City) ent's acceptance: ad as registered agent and to accept servi	ice of process for the above stated corporation	at the place
10. Registered ag Having been name designated in this d	145 10th Ave North, Suite 2 St. Petersburg (City) ent's acceptance: and as registered agent and to accept service application, I hereby accept the appointment.	ice of process for the above stated corporation ment as registered agent and agree to act in th	n at the place
10. Registered ag Having been name designated in this of further agree to co	145 10th Ave North, Suite 2 St. Petersburg (City) ent's acceptance: and as registered agent and to accept service application, I hereby accept the appointment.	ice of process for the above stated corporation ment as registered agent and agree to act in th relative to the proper and complete performan	n at the place
10. Registered ag Having been name designated in this of further agree to co	145 10th Ave North, Suite 2 St. Petersburg (City) ent's acceptance: a as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes research.	ice of process for the above stated corporation ment as registered agent and agree to act in th relative to the proper and complete performan	n at the place
10. Registered ag Having been name designated in this of further agree to co	145 10th Ave North, Suite 2 St. Petersburg (City) ent's acceptance: a as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes research.	ice of process for the above stated corporation ment as registered agent and agree to act in the elative to the proper and complete performan sition as registered agent.	n at the place

11. 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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Adam Downing Address: 2006 Lost Ln Raleigh, NC 27603 Vice Chairman: Joshua Owen Address: 145 10th Ave North, Suite 2 St. Petersburg, FL 33701 Address: __ Address: ___ **B. OFFICERS** President: Adam Downing Address: 2006 Lost Ln Raleigh, NC 27603 Vice President: Joshua Owen Address: 145 10th Ave North, Suite 2 St. Petersburg, FL 33701 Secretary: ___ Treasurer: NOTE: If necessary, 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. 14. Joshua Owen (Typed or printed name and capacity of person signing application)



NORTH CAROLINA Department of The Secretary of Sta



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 6th day of January, 2011.

Secretary of State

Elaine I. Marshall

Certification# 91071062-1 Reference# 10381507- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification