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SECRETARY OF STATE OIVISION OF CORPORATIONS

a CRU



October 28, 2013

THOMAS R KEENE TRK SOLUTONS ENTERPRISES INC P O BOX 770353 ORLANDO, FL 32877

SUBJECT: TRK SOLUTIONS ENTERPRISES, INC.

Ref. Number: W13000059814

We have received your document for TRK SOLUTIONS ENTERPRISES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 113A00025072

COVER LETTER

TO:	New Filing Section	an							
	Division of Corpo	orations							
SUBJ	ECT: TRK S	olutions Enter	prise	s Inc					
	<u> </u>			nust include suffix					
Dear S	ir or Madam:								
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.									
Please	return all correspon	ndence concerning this n	natter to	the following:					
Tho	mas R Kee	ne							
		Nam	e of Per	son					
TR	Solutions	Enterprises Inc	C						
			Compa	ny					
PO	Box 77035	3							
Orla	ando,Florida		Address						
			ate and	Zip code					
trkso	olutionsinc@	aol.com							
		E-mail address: (to be u	sed for	future annual report n	otification)				
For fur	ther information co	ncerning this matter, ple	ase call						
Thomas R Keene		ne at (850	0,	, 287-5001					
	Name of Person			e & Daytime Telepho	ne Number				
	STREET/COURINEW Filing Section Division of Corpor Clifton Building 2661 Executive Country Tallahassee, FL 3	n rations enter Circle		MAILING AE New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FL	ction rporations				
Enclose	ed is a check for the	following amount:							
□ \$70	.00 Filing Fee D	3 \$78.75 Filing Fee & Certificate of Status		78.75 Filing Fee & ertified 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.

1.		utions Enterprises, Inc.				
		orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	.D."	"COMPANY," "CORPORATION,"		
	same					
	(If name unavaila	able in Florida, enter alternate corporate nam	ne a	dopted for the purpose of transacting business	s in Florida)
2.	Pennsylv	Pennsylvania 3 870776188				
	(State or country	under the law of which it is incorporated)		(FEI number, if applicable)		
4.	7-21-200	6	5.	Perpetual		
	(Date	of incorporation)	_	(Duration: Year corp. will cease to exist or	'perpetual'')	
6.	11-01-20	13				
				Florida, if prior to registration) 02, F.S., to determine penalty liability)		•
_	Personal Control	(SEE SECTIONS 007.1501 & 007	1.130	2-1110	C1#	R
7.		TO BE CHILD FIOTELL	42	IIIO MEDIMAN	37	_~
	PO Box 77	Principal office ac 70353 Orlando,Florida.328			329	139
		(Current mailing ac				_
8.	Construc	tion Management Service	е		3	SIAIG. 3S
	(Purpose(s) of corporation authorized in home state or	cou	ntry to be carried out in state of Florida)	¥0¥	2 2
9.	Name and stree	et address of Florida registered agent: (F	P.O.	. Box NOT acceptable)	-7	PATE CONTRACT
	Name:	Thomas R Keene			3	ORPO RPO
Of	fice Address:	1118 Redman Street #F	В		ા દ્યા	RATIO
		Orlando		. Florida 32839	, CO	SS
		(City)		(Zip code)	٠	

10. 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.

mas R Koene 10-01-2013

(Registered agent's signature)

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.

42. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Thomas R Keene Address: PO Box 770353 Orlando, Fl. 32877 Vice Chairman: Address: Address: **B. OFFICERS** President: Thomas R Keene Address: PO Box 770353 Orlando,FL.32877 Vice President: Secretary: Same as above Treasurer: Same as above 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. Thomas R Keene

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

OCTOBER 7, 2013

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

TRK Solutions Enterprises, Inc.

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid. SECRETARY OF STATE DIVISION OF CORPORATIONS

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IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Perce aile

Certification Number: 11374938-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp