

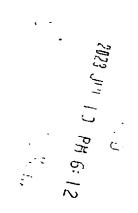
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## **COVER LETTER**

•	tration Section on of Corporations			
SUBJECT:	Trackalytix Solutions Inc.			
	Name	of corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Co Existence," or "Certificate ced foreign corporation to to	of Good Standi	ng" and check are submitt	
Please return a	all correspondence concerni	ing this matter to	the following:	
Christopher Fo	x			
		Name of Pe	rson	_
Trackalytix So	lutions Inc.			
		Firm/Compa	iny	
950 NE 85th S	treet			
		Address		
Miami, FL 331	38			
		City/State and	Zip code	
edward@track	•			
	E-mail address	s: (to be used for	future annual report notif	fication)
For further inf	formation concerning this m	natter, please cal	1:	
Edward Brooks	shire	at ( <sup>917</sup>	Daytime Telephon	
Name	e of Person	Area Code	Daytime Telephon	e Number
Regis Divisi The C 2415	EET/COURIER ADDRES tration Section ion of Corporations tentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL	on orations
	check for the following amore eck payable to: FLORIDA Dong Fee \$78.75 Filin Certificate of	EPARTMENT On the second		\$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.

ame unavai	lable in Florida, enter alternate corporate name ad	opted for the purpose of transacti	ng business in Florida	
Delaware 3		93-2042604		
State or count	ry under the law of which it is incorporated)	(FEI number, if a	pplicable)	
14 2022				
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
/a				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	• •	lity)	
0 NE 85th Str	eet, Miami, FL 33138			
	(Principal office	street address)		
	•			
	(Current mailing	address, if different)		
	_			
			• •	
ame and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	() ·	
	et address of Florida registered agent: (P.O. Christopher Fox	Box NOT acceptable)		
ame and <u>stre</u> Name:	Christopher Fox	Box NOT acceptable)		
		Box <u>NOT</u> acceptable)		
Name:	Christopher Fox	_	 نون .	
Name:	Christopher Fox  950 NE 85th Street	Box NOT acceptable)  , Florida 33138 (Zip code)	i <b>)</b> PH	
Name: ce Address:	Christopher Fox  950 NE 85th Street  Miami	— — . Florida <sup>33138</sup>	 نون .	

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

## A. DIRECTORS Christopher Fox ■ Chairman ☐ Chairman Name: 950 NE 85th Street, Miami 33138 Address: ☐ Vice Chairman ☐ Vice Chairman Address: □ Director Director □ President □ President □Vice President ☐ Vice President □Treasurer ☐ Treasurer □ Secretary □ Secretary □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman □ Chairman Address: \_\_\_\_ Address: \_\_\_\_ □ Vice Chairman □Vice Chairman George Edward Brookshire Director Director 14540 Sailfish Dr. Miami 33158 □ President □ President □Vice President \_\_\_\_\_ □Vice President □ Secretary ☐ Treasurer □ Secretary ☐ Treasurer Other □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_\_ ☐ Chairman □ Chairman Name: \_\_\_\_\_ Name: □ Vice Chairman Address: □Vice Chairman Address: Leandro Lozada Director □ Director 501 NE 51st St, Miami 33137 ☐ President □ President □Vice President □ Vice President ☐Treasurer □ Secretary ☐ Treasurer ☐ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ 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. Signature of Director or Officer

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

Christopher Fox

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TRACKALYTIX SOLUTIONS INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRACKALYTIX SOLUTIONS INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203619594

Date: 06-26-23