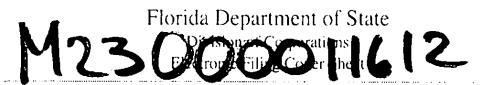
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

Foreign Limited Liability Company TrackMy Solutions, LLC

Certificate of Status	1
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Help



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,002, FLORIDA STATUTEN. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	LC Limited Earbility Company: must include "Limited				
name imavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orda. The alternate name must in-	clude "Limited Liability C	Company," "L.L C," or "Lt.	
Delaware					
(Jurisdiction under the law of v	shich foreign limited liability company is organized)	3	(FEI munber, if ap	oplicable)	
	(Date first transacted business in Florida, if prior to it	***************************************	·		
	15ee sections 605 (904 & 605 0805, 1/8) to determin	zgistration i se penalty liability)			
303 Perimeter Center North		303 Perimeter C			
reet Address of Principal Office)	*****	6. (Mailing Addre	22)		
Suite 450	Suite 450		Suite 450		
Atlanta, GA 30346		Atlanta, GA 30.	346		
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)			
	Corporate Creations Network Inc.			ა ა <u>~</u>	
Name: Office Address:	Corporate Creations Network Inc. 801 US Highway 1			ZUZJ SEP SECREGO TALLAG	
Name:	801 US Highway 1 North Palm Beach		33408	SECGLOARY O TALLAHASS	
Name:	801 US Highway 1	, Florida	33408 (Zip code)	SECAL PARY OF STATE	

Ashley Perkins, Special Secretary

(Registered agent's signature)

15612148442

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
□Manager	Name: Banyan Software Holdings, LLC	□Manager	Name:	
≣ Member	Address: 303 Perimeter Center North	⊞Member	Address:	
□Authorized	Suite 450	□Authorized		
Person	Atlanta, GA 30346	Person		
□Other		Other	<u>_</u>	□Other
□Manager	Name:	∐Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		<u> </u>
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	221-10 P-04	□Authorized		
Person		Person		
□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.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any 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.

A	shley Perhans	
	Signature of an authorized person	
Ashley Perkins, Attorney-i	n-Fact	
	Exped or printed name of signee	



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TRACKMY SOLUTIONS, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE ELEVENTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRACKMY SOLUTIONS, LLC" WAS FORMED ON THE TWELFTH DAY OF OCTOBER, A.D. 2022.

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

Authentication: 204132145

Date: 09-11-23

7080104 8300 SR# 20233458379