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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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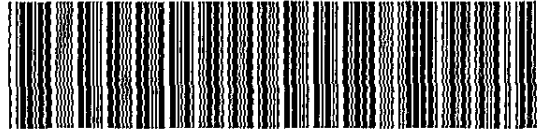
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEC. OF STATE
TALLAHASSEE, FLORIDA

12/17/05
[Signature]

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Techwise Solutions, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Carla Blattenbauer
(Name of Person)

Eide Bailly LLP
(Firm/Company)

406 Main Ave., Ste 3000
(Address)

Fargo, ND 58103
(City/State and Zip Code)

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Kendra Hunter at (701) 476-8315
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

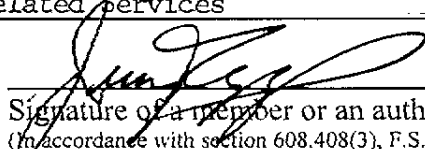
☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Techwise Solutions, LLC
(Name of Foreign Limited Liability Company)
2. North Dakota
(Jurisdiction under the law of which foreign limited liability company is organized)
3. N/A
(FEI number, if applicable)
4. August 30, 2002
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 406 Main Ave., Ste 3000
Fargo, ND 58103
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:
Please see attachment A.
10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: _____

Technology Related Services



Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jerry Topp, Manager

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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Attachment A

**Techwise Solutions, LLC
Board of Govenors**

<u>First Name</u>	<u>Last Name</u>	<u>Business Address</u>
Paul	Finley	5601Green Valley Dr., Ste 700 Minneapolis, MN 55437-1145
Dan	Kind	5601Green Valley Dr., Ste 700 Minneapolis, MN 55437-1145
Scott	Kost	406 Main Ave., Ste 3000 Fargo, ND 58103
Darold	Rath	406 Main Ave., Ste 3000 Fargo, ND 58103
Jeff	Strand	200 E 10th St., Ste 500 Sioux Falls, SD 57104
Jerry	Topp	406 Main Ave., Ste 3000 Fargo, ND 58103

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Techwise Solutions, LLC

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System

(Name)

1200 Pine Island Rd.

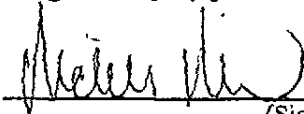
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation

FL 33324

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.



(Signature)

**Michele Miller
Assistant Secretary**

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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TALLAHASSEE, FLORIDA

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State of North Dakota

SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING OF

TECHWISE SOLUTIONS, LLC

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that TECHWISE SOLUTIONS, LLC, a North Dakota LIMITED LIABILITY COMPANY, was issued a certificate of organization which was effective on August 30, 2002 and, according to the records of this office as of this date, has paid all fees due this office as required by North Dakota statutes governing a North Dakota LIMITED LIABILITY COMPANY.

ACCORDINGLY the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing to

TECHWISE SOLUTIONS, LLC

Issued: November 14, 2005

A handwritten signature in cursive script, reading "Alvin Jaeger".

Alvin Jaeger
Secretary of State