

Florida Department of State Division of Corporations

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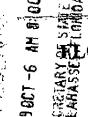
: CORFORATION SERVICE COMPANY

Account Name

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ORIDA/FOREIGN LIMITED LIABILITY CO.

MICROEDGE, LLC

Certificate of Status	0
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10/5/2009

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

MicroEdge, LLC (Name of Foreign Limited Liability Company; must inc	lud	"Limited Liability Company," "L.L.C.," or "LLC.")	•
f name pravailable, enter alternate name adopted for the purpossent of the managers or managing members adopting the alternative. L.C.," "LLC."	icse te <i>m</i>	of transacting business in Florida and attach a copy of the ate name. The alternate name must include "Limited Liabi	written ity
New York	1	27-0618216	
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, If applicable)	•
7/22/2009	5.	Perpetual	
(Unte of Organization)	•	(Duration: Year limited liability company will cease to exist or "perpetual")	•
10/1/2009		, ,	
(Date first transacted business in F (See sections 608,501 & 608,502 F.	S. t	da, if prior to registration.) o-determine pennity liability)	
619 West 54th Street, 10th Floor	_		
New York, NY 10019			•
	cG - P2	Principal Office)	
	_	and the state of t	
MicroEdge Holdings, LLC c/o Vista Equity F	*artı	ring members or managers are as follows: ners, 150 California Street, 19th Floor, San Francisco,	CA 94)
Attached is an original cartificate of existence, no more than 90 jurisdiction under the law of which it is organized. (A plickrop skinter of the cartificate under each of the translator must be sain.  Nature of business or purposes to be conducted or Software Development   Soles  Signature of a thember of an action for cartificate an affirmation under the penalties of penalties of penalties of printed.  Betty Hung	days days is roles	sold they active and by the official leaving unstody of some protection in Florida:  Direct representative of a member of the facts and a decement a statement of the facts and a statement of the statement of the facts and a statement of the facts a	

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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 WARRINTY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

FLORIDA.
1. The name of the Limited Liability Company is:
MicroEdge, LLC
If name unavailable, the alternate name to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Corporation Service Company
(Name)
1201 Hays Street
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Tailahassee FL 32301
City/State/Zip
Having been named as registered agent and to occept service of process for the above stated limited liability company at the place designmed 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.  Corporation Service Company  BY:  (Signature)  (Signature)  (Signature)
S 100.00 Filing Fee for Application 5 25.00 Designation of Registered Agence

\$ 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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## State of New York Department of State 3 ss:

I hereby certify, that MICROEDGE MERGER SUB, DLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/22/2009, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment MICROEDGE MERGER SUB, LLC, changing its name to MICROEDGE, LLC, was filed 10/01/2009.



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Witness my hand and the official seal of the Department of State at the City of Albany, this Olst day of October two thousand and nine.

Deniel Shapiro

First Deputy Secretary of State

O9 OCT -6 AM 8: 52
SECRETARY OF STATE