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MAY 1 2 2010

**EXAMINER** 



ACCOUNT NO. : I2000000195

REFERENCE: 379446

7567089

AUTHORIZATION : (

COST LIMIT :

ORDER DATE: May 11, 2010

ORDER TIME : 3:41 PM

ORDER NO. : 379446-020

CUSTOMER NO: 7567089

#### FOREIGN FILINGS

NAME: HIGHPOINT SOLUTIONS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XXX\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young -- EXT# 2962

EXAMINER: \_\_\_\_\_

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Highpoint Solutions, LLC	
(Name of Foreign Limited Liability Company; must in	clude "Eimited Liability Company," "L.L.C.," or "LEC.")
(If name unavailable, enter alternate name adopted for the pur consent of the managers or managing members adopting the a Company," "L.L.C.," "LLC.")	pose of transacting business in Florida and attach a copy of the written Iternate name. The alternate name must include "Limited Liability
<sub>2.</sub> Delaware	3. 20-5090442
(Jurisdiction under the law of which foreign limited liability company is organized)	( FEI number, if applicable)
4. 04/25/2006 (Date of Organization)	5. perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in 1 (See sections 608.501 & 608.502 F	(C) An alata == (1
7. 1150 First Avenue, Suite 450, King of Pro	ussia, PA 19406
(Street Address 8. If limited liability company is a manager-manage	assia, PA 19406  ss of Principal Office)  ed company, check here   anaging members or managers are as follows:
9. The name and usual business addresses of the ma	anaging members or managers are as follows:
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocoranslation of the certificate under oath of the translator must be suit 1. Nature of business or purposes to be conducted	brnitted.)
Provider of IT consulting services.	
JERL	
(In accordance with section 608.408(3), an affirmation under the penalties of pe	nuthorized representative of a member.  P.S., the execution of this document constitutes  rjury that the facts stated herein are true)
James Dandy	d name of signed
i yped or printe	ed name of signee

#### MEMBERS AND MANAGERS OF HIGHPOINT SOLUTIONS, LLC

#### **MEMBERS**

Aecio Technology Group, Inc. - Member, 1150 First Avenue, Suite 450, King of Prussia, PA 19406

<u>Kayne Anderson Private Investors II, LP</u> – 1800 Avenue of the Stars, 2<sup>nd</sup> Floor, Los Angeles, CA 90067

Kayne Anderson Private Investors II (QP), LP - 1800 Avenue of the Stars, 2<sup>nd</sup> Floor, Los Angeles, CA 90067

#### **MANAGERS**

John Seitz, 1150 First Avenue, Suite 450, King of Prussia, PA 19406

Tom Clancy, 1150 First Avenue, Suite 450, King of Prussia, PA 19406

Taylor Beaupain, 1800 Avenue of the Stars, 2<sup>nd</sup> Floor, Los Angeles, CA 90067

Hasan Askall, 1800 Avenue of the Stars, 2<sup>nd</sup> Floor, Los Angeles, CA 90067

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

	ame of the Limited Liability Co int Solutions, LLC	этрапу is:	
If name u	navailable, the alternate name	to be used in the state of Florida is:	
2. The na	ame and the Florida street addr	ress of the registered agent and office are:	
	Corporation Service		
		(Name)	
	1201 Hays Street		
	Florida Street	Address (P.O. Box <u>NOT</u> ACCEPTABLE)	
	Tallahassee	FL 32301	
	City/State/Zip		
Havina h	een named as registered agent o	12	limi

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.

Corporation Service Company

BY: Michelle Clanner (Signature)

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

# Delaware

PAGE

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HIGHPOINT 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 MAY, A.D. 2010.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HIGHPOINT SOLUTIONS, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2006.

4147902 8300

100491702

AUTHENTY CATION: 7985805

DATE: 05-11-10

You may verify this certificate online