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TION SERVICE COMPANY		٧	
ACCOUNT NO). :	120000000195	
REFERENC	E :	729869 5350	
AUTHORIZATIO	N :	Spulsolen	ran
COST LIMI	T :	(/ \/	
ORDER DATE : July 18, 2013			
ORDER TIME : 10:28 AM			
ORDER NO. : 729869-040			
CUSTOMER NO: 53500B			
FOREIGN	FILI	INGS	
NAME: OPEN SOLUTI	ONS,	LLC	
XXXX QUALIFICATION (TYPE:	<u>LL</u>)		2013 JUL SECRET
PLEASE RETURN THE FOLLOWING	AS PR	ROOF OF FILING:	SS 7 8 F
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD	STANE	DING	AF STATE

EXAMINER: _

CONTACT PERSON: Carina L. Dunlap -- EXT# 52951

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

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

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN T	HE .	STATE OF FLORIDA:	
1. Open Solutions, LLC			
(Name of Foreign Limited Liability Company; must inc.	lude	"Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the alt			
Company," "L.L.C," "LLC.")			
2. Delaware (Jurisdiction under the law of which foreign limited liability	3.	22-3173050 (FEI number, if applicable)	_
company is organization			•
4. May 19, 1992 (Date of Organization)	5.	perpetual	
(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	 .
6. Upon qualification			
(Date first transacted business in F (See sections 608.501 & 608.502 F.	lori S. to	da, if prior to registration.) o determine penalty liability)	
7. 455 Winding Brook Drive, Glastonbury, CT 06033		TA'S	20
		CARE CARE	
(Street Addres	ss of	Principal Office)	<u> </u>
(3333)			- - - -
8. If limited liability company is a manager-manage	d co	ompany, check here	- T
8. If limited liability company is a manager-manager 9. The name and usual business addresses of the ma Harpoon Acquisition, LLC, 455 Winding Brook Drive,	เกลย	ring members or managers are as follows	要 5
Name - Annualis II C. AEE MENdin Donale Dain		Z A	ÇU .₩
Harpoon Acquisition, LLC, 455 Winding Brook Drive,	ای ر	astonbury, C1 06033	_ 6 0
	<u>· · · · · · · · · · · · · · · · · · · </u>		<u> </u>
	<u>.</u>		
10. Attached is an original certificate of existence, no more than 9			records in
the jurisdiction under the law of which it is organized. (A photoc	хру	is not acceptable. If the certificate is in a foreign language,	
translation of the certificate under oath of the translator must be so		'	
11. Nature of business or purposes to be conducted	or p	promoted in Florida: To engage in any lawful act	
or activity for which a limited liability company may be	org	enized under the laws of the State of Florida, in c	luding .
software development 1 services.			<i>→ 0</i>
L'acres to the		- Commence	
		orized representative of a member.	
		ion of this document constitutes an affirmation under the I am aware that any false information submitted in a	
		third degree felony as provided for in s.817.155, F.S.)	
Cari M. Weber			
Typed or printe	ed r	ame of signee	

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.

 The name of Open Solutions, 	f the Limited Liability C	ompany is:			
lf unavailable, t	he alternate to be used i	n the state of Florida is:			
2. The name an	nd the Florida street addi	ress of the registered agent and office are:			
	Corporation Service Con	прапу	·4	2	
		(Name)	SEC FALL	2013 JUL	e-will i
	1201 Hays Street		AHA W 33		Marie Ma La companya de la companya de
	Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)	SECRETARY (ALLAHASSEE	8	Ģan.
	Tallahassee	FL 32301)F ST	₩	(***
		City/State/Zip	- URIE	6 5 3	
			17		

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	Elli King Assistant VP
By: 'lh' King	 woololdlif AL
(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 "OPEN 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 EIGHTEENTH DAY OF JULY, A.D. 2013.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPEN SOLUTIONS, LLC" WAS FORMED ON THE NINETEENTH DAY OF MAY, A.D. 1992.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

2298182 8300

130891510

AUTHENTY CATION: 0595474

DATE: 07-18-13

You may verify this certificate online at corp.delaware.gov/authver.shtml