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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE
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| ON SERVICE COMPANY | | | | | | | |
| | ACCOUNT NO. | : | 120000001 | 95 | | | |
| | REFERENCE | : | 853262 | 7519026 | | | |
| | AUTHORIZATION | : | Level of | man | | | |
| | COST LIMIT | : | ~7X | | | | |
| ORDER DATE : | October 21, 2013 | | | | | | |
| ORDER TIME : | 10:26 AM | | | | | | |
| ORDER NO. : | 853262-005 | | | | | | |
| CUSTOMER NO: | 7519026 | | | | | | |
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| | FOREIGN F | ILII | <u>vgs</u> | | | | |
| NAME: CONTACT SOLUTIONS, LLC | | | | | SECRETARY TALLAHASSI | 2013 OCT 21 | ere. |
| XXXX QUALIFICATION (TYPE: <u>LL</u>) | | | | | EL FLOR | T. | , , |
| PLEASE RETURN | THE FOLLOWING AS | PRO | OOF OF FILI | NG: | Ş | 5 | |
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| CONTACT PERSON | : Susie Knight | F | XT# 52956 | | | | |

EXAMINER:

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| вјест: | <u>C</u> | Name of Limited Liability Company | , | - |
| | | | | |
| | | Liability Company for Authorization the above referenced foreign limited li | | |
| ase return all correspo | ndence concerning th | is matter to the following: | | |
| | | Nicola Cooles Name of Person | | |
| | | Name of Person | | |
| | | Contact Solutions, L. Firm/Company | <u></u> | |
| | | Firm/Company | | 2013 OCT 2 SECRETAI TALL AHAS |
| 120 12 11 11 | | 1950 Democram Dr. S Address | ##950 | |
| | | Address() | | 景全 一 |
| | | Mestern, VA 20190 City/State and Zip Code | | |
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| 41 | E-mail add | ess: (to be used for future annual repo | rt notification) | · · · · · · · · · · · · · · · · · · · |
| further information co | oncerning this matter | please cail: | | |
| Ni | cole Cords | at (57) Area Code & Daytime Tele | 420-0511 | |
| | Name of Person | Area Code & Daytime Tele | phone Number | |
| MAILING ADI | DRESS: | STREET ADDRESS: | | |
| Division of Corp | | Division of Corporations | | |
| Registration Sec P.O. Box 6327 | tion | Registration Section | | |
| Tallahassee, FL | 32314 | Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | |
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| 1 15x125 00 Films | gree ∟13/130.00 | Filing Fee & \$\Pi\$\$ \$155.00 Filing Fe | e & ⊏1.3160.00 Fili | ing Fee, Certificate |

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 FOREIC LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: |
|--|
| 1. Control Solutions, LCC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") |
| 2. Olman 3. 27-3183128 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) |
| 4. OB-04-10 (Date of Organization) 5. Paractal (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| 7. 11950 Democracy Drive Ste #350 2 2 1950 (Street Address of Principal Office) |
| (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: |
| Michael Boustridge, CEO 11950 Democray Dr., Sta #250 Nestro, VA 2019D Michael Southwath, CFO |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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 · Teleum Sewius |
| 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. 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.) |
| Niale Cordes Typed or printed name 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.

| 1. The name | of the Limited Liability | Company is: | | | |
|----------------|--|---|--------------|------------|---------------------------------|
| | Control S | Solutions, LLC | | | |
| If unavailable | , the alternate to be used | in the state of Florida is: | | | |
| | | | | <u></u> | |
| 2. The name | and the Florida street ad | dress of the registered agent and office are: | En Ca | 201 | |
| | Corporation Service Company | | | 2013 OCT 2 | 8.4 s.j.s. |
| | | (Name) | ASSE ASSE | 2 | E Emerica Erritor |
| | 1201 Hays Street | | 프유 | E. | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | | - LORIDA | A 5: 13 | 1972 * ** ** ** * 2.11 |
| | Tailahassee | FL 32301 | | () | |
| | | 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.

Corporation Service Company

Sue G. Knight

(Signature)

Assistant Vi... Tasideni

\$ 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 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "CONTACT 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 TWENTY-FIRST DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONTACT SOLUTIONS, LLC" WAS FORMED ON THE FOURTH DAY OF AUGUST, A.D. 2010.

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

4856097 8300

131215554

Jeffrey W Bullock, Secretary of State

AUTHENT\(CATION: 0827894\)

DATE: 10-21-13

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