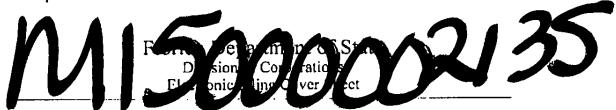
Division of Corporations

Page 1 of 1



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To:

Division of Corporations

Fax : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)205-8942

: (850)878-5366 Fax Number

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Foreign Limited Liability Company DYNATRACE LLC

Certificate of Status	0
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Please return	all correspond	ence concerning this	matter to the	following:			
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			N	ame of Person			-
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	One (Campus Marti	lus				
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	rision of Corpor gistration Soctio			n of Corporations ation Section			
	. Box 6327		Clifton	Building			
. Tai	lahassee, FL 32	1314		xecutive Center C 11800, FL 32301	ircle		

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

grand negative assumed that the contract of the second contract conditions and confine and approximation of the conditions of the contract of

	I C <mark>OMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED</mark> DREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	TO REC	HSTER .	A
_	Dynatrace LLC			•
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "LLC.")		 .	
	nume unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must shilly Company," "L.L.C." or "LLC.")	include "L	imited	
	Delaware 3, 47-2362151		_	
1	(Aurisdiction under the law of which foreign limited liability (Fill number, if applicable) company is organized)		•	
4.	Upon Qualification		_	
	(Date lirst transacted business in Florids, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
5.	One Campus Martius, Detroit, MI 48226-5000	3,7	_26	
				C MICH S
	(Street Address of Principal Office)		-AR	T STATES
6.	Same	<u> </u>	23	g'm.s
		jej	 	,
	(Mailing Address)	5	نن	pares :
7.	. The name, title or capacity and address of the person(s) who has/have authority to manage i	s/arc:	50	. 14
Co	empuware Corporation, One Campus Martius, Detroit, MI 48226-5000	***		
_			_	
_		<u> </u>	_	
ha ac	Attached is an original certificate of existence, no more than 90 days old, duly authenticated aving custody of records in the jurisdiction under the law of which it is organized. (A photococceptable. If the certificate is in a foreign language, a translation of the certificate under oath cust be submitted)	py is no	t	r
	Whichael D. L.			
(In	Signature of an authorized person accordance with section 605.0203, F.S., the execution of this document constitutes an afformation moder the penalties of perjuty that the fewere that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a	acts stated b 817.155, P.	erein are (8.)	hue. I
	MECKAFL D. LAX			
	Typed or printed name of signce			

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

dominance and rest of the middle section of the following an amount of the first of the

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

it unavanations, die anemale io	be used in the state of Florida is:			
,			_	
2. The name and the Florida	street address of the registered agent and office are:			
·	C T Corporation System (Name)		20	
	1200 South Pine Island Road	777 en 32 381 377 es	2015 HAR 2:	en.
Ţ.	Plorida Street Address (P.O. Box NOT ACCEPTABLE)	- ASSE	R 23	T MARY A
	Plantation FI, 33324	m _{ES}	735 1	

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 605, Florida Statutes.

By Cignature Assistant Secretary Rebeccus Barth

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

Delaware

DACE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "DYNATRACE 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 TWENTIETH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5635180 8300

150388679

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

Joffrey W. Bullock, Secretary of State

DATE: 03-20-15