



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/29/2009	200920900510	ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP)	125.00	100.00	.00	.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

BLISS & HOTY-BLISS  
20899 LORAIN RD LOWER  
FAIRVIEW PARK, OH 44126-2020

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jennifer Brunner**

1872715

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**MATRIX POINTE SOFTWARE LLC**

and, that said business records show the filing and recording of:

Document(s)

**ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.**

Document No(s):

**200920900510**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 28th day of July, A.D.  
2009.

Ohio Secretary of State



Prescribed by :

The Ohio Secretary of State  
Central Ohio: (614) 466-3910  
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us  
e-mail: busserv@sos.state.oh.us

Expedite this Form: (check One)
Mail Form to one of the Following:
<input checked="" type="checkbox"/> Yes PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$20 ***
<input type="checkbox"/> No PO Box 670 Columbus, OH 43216

**ORGANIZATION / REGISTRATION OF  
LIMITED LIABILITY COMPANY**  
(Domestic or Foreign)  
Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

<input checked="" type="checkbox"/> (1) Articles of Organization for Domestic Limited Liability Company (115-LCA) ORC 1705	<input type="checkbox"/> (2) Application for Registration of Foreign Limited Liability Company (105-LFA) ORC 1705  (Date of Formation) _____ (State) _____
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Complete the general information in this section for the box checked above.

Name Matrix Pointe Software LLC

Check here if additional provisions are attached

\* If box (1) is checked, name must include one of the following endings: limited liability company, limited Ltd, Ltd, LLC, L.L.C.

Complete the information in this section if box (1) is checked.

Effective Date (Optional) \_\_\_\_\_ Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.  
(mm/dd/yyyy)

This limited liability company shall exist for indefinitely  
(Optional) (Period of existence)

Purpose To engage in any and all acts or activities for which  
(Optional) a Limited Liability may be formed under the laws of the  
State of Ohio.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is  
(Optional)  
\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Street) NOTE: P.O. Box Addresses are NOT acceptable.  
\_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

2009 JUL 23 AM 9:36  
2009 JUL 23 11:10 AM

Complete the information in this section if box (1) is checked Cont.

### ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member, manager or representative of

Matrix Pointe Software LLC

(name of limited liability company)

hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is:

Joseph Whang

(Name of Agent)

7055 Engle Road Suite 304

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Cleveland

(City)

Ohio

(State)

44130

(Zip Code)

Pointe Blank Solutions, Ltd.

Must be authenticated by an authorized representative



Authorized Representative

7/22/09

Date

THOMAS COURY, Managing Member



Authorized Representative



Date

### ACCEPTANCE OF APPOINTMENT

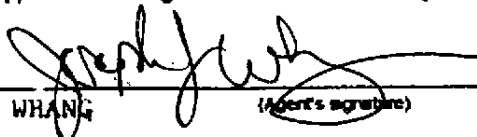
The undersigned, named herein as the statutory agent for

Matrix Pointe Software LLC

(name of limited liability company)

hereby acknowledges and accepts the appointment of agent for said limited liability Company.

JOSEPH WHANG



(Agent's signature)

PLEASE SIGN PAGE (3) AND SUBMIT COMPLETED DOCUMENT

Complete the information in this section if box (2) is checked.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Name) \_\_\_\_\_  
(Street) \_\_\_\_\_ NOTE: P.O. Box Addresses are NOT acceptable.  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

The name under which the foreign limited liability company desires to transact business in Ohio is

\_\_\_\_\_

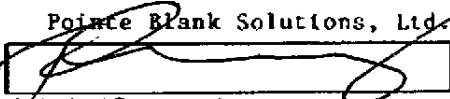
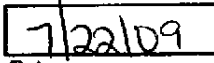
The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

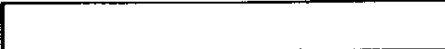

(Name) \_\_\_\_\_  
(Street) \_\_\_\_\_ NOTE: P.O. Box Addresses are NOT acceptable.  
(City) \_\_\_\_\_ Ohio \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if

- a. the agent cannot be found, or
- b. the limited liability company fails to designate another agent when required to do so, or
- c. the limited liability company's registration to do business in Ohio expires or is cancelled.

**REQUIRED**  
Must be authenticated (signed)  
by an authorized representative  
(See Instructions)

By: Pointe Blank Solutions, Ltd.  
   
Authorized Representative Date  
Thomas Coury, Managing Member  
(Print Name)

   
Authorized Representative Date  
(Print Name)



Prescribed by:  
The Ohio Secretary of State  
Central Ohio: (614) 466-3910  
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us  
e-mail: busserv@sos.state.oh.us

### CONSENT FOR USE OF SIMILAR NAME

(For Domestic / Foreign, Profit or Nonprofit)  
Must Be Accompanied By Another Form

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX) This filing does not extend the registration period

<input type="checkbox"/> Where consenting entity is a corporation  (147-CSC)	Where consenting entity is a registrant of <input checked="" type="checkbox"/> Trade Name <input type="checkbox"/> Service Mark <input type="checkbox"/> Trade Mark (148-CSN)	Where consenting entity is a <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Partnership Having Limited Liability (148-CSL)
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Check here if additional provisions are attached


Charter or Registration No. of Entity Giving Consent 1198133

Name of Entity Giving Consent Pointe Blank Solutions, Ltd.

Gives Its Consent To Matrix Pointe Software LLC

To Use The Name Matrix Pointe Software

**REQUIRED**  
Must be authenticated (signed) by an authorized representative

  
Authorized Representative  
Thomas Coury, Managing Member

7/27/09  
Date

Authorized Representative

Date

If the consenting party is a partnership, all general partners must sign. If only one partner is authorized to sign, a copy of the resolution authorizing the signature must be included.