

STATE OF GEORGIA
Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF AUTHORITY

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

MHC Software, LLC
a Foreign Limited Liability Company

has been duly formed under the laws of **Minnesota** and has filed an application meeting the requirements of Georgia law to transact business as a **Foreign Limited Liability Company** in this state.

WHEREFORE, by the authority vested in me as Secretary of State, the above **Foreign Limited Liability Company** is hereby granted, on **06/08/2020**, a certificate of authority to transact business in the State of Georgia as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said application.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on **07/14/2020**.



Brad Raffensperger

Brad Raffensperger
Secretary of State



Secretary of State

OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION
2 Martin Luther King Jr. Dr. SE
Suite 313 West Tower
Atlanta, Georgia 30334
(404) 656-2817
sos.georgia.gov/corporations

SECRETARY OF STATE
CORPORATION DIVISION
7/7/2020 3:52PM

APPLICATION FOR CERTIFICATE OF AUTHORITY
FOR FOREIGN LIMITED LIABILITY COMPANY

IMPORTANT: Please provide the entity's primary email address when completing this form.

Primary Email Address: mhccommunications@mhccom.com

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM

1. MHC Software, LLC
Name of Limited Liability Company
June 26, 2020
Date business commenced (or proposed) in Georgia
2. Sheryl Westerhouse
Name* of Filing Person
12000 Portland Avenue
Address
sherylw@mhccom.com
Filer's Email Address
3. MHC Software, LLC
Name of Limited Liability Company in State or Country of Formation
Minnesota
Jurisdiction (Home State or Country)
9/29/2017
Date of Formation in Home State or Country
Perpetual
Period of Duration
4. 12000 Portland Ave.
Address of Principal Place of Business
Burnsville
City
MN
State
55337
Zip Code
5. C T Corporation System
Name* of Registered Agent in Georgia
289 South Culver Street
Registered Office Street Address in Georgia (post office box or mail drop not acceptable for registered office address)
Lawrenceville
City
Gwinnett County
County
GA
State
30046
Zip Code
6. Gina Armada 12000 Portland Ave.
Manager's Name* & Address (person with substantial responsibility for managing LLC's business activities)
Burnsville
City
MN
State
55337
Zip Code
7. 12000 Portland Ave.
Address Where Limited Liability Company's Records Are Maintained
Burnsville
City
MN
State
55337
Zip Code

8. Effective Date: (Choose one) [X] Upon filing [] Delayed effective date and/or time:
(A delayed effective date must be within 90 days of the filing date.)

9. NOTICE: Mail the following items to the Secretary of State at the above address
(1) This application;
(2) Fee of \$235.00 (\$225 filing fee + \$10 paper filing service charge) payable to "Secretary of State." Filing fees are non-refundable.

This application is signed by a person duly authorized to sign such instruments by the laws of the jurisdiction under which the foreign limited liability company is organized. The foreign limited liability company undertakes to keep its records at the address shown in #7 above until its registration in Georgia is canceled or withdrawn. The foreign limited liability company, in accordance with Title 14 of the Official Code of Georgia Annotated, appoints the Secretary of State as agent for service of process if no agent has been appointed in Georgia or, if appointed, the agent's authority has been revoked or the agent cannot be found or served by the exercise of reasonable diligence.

Gina Armada
Signature of Authorized Person
Date
Gina Armada
Print Name*
CEO
Title