DOC ID ----> 200900501892

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/06/2009	200900501892	FOREIGN LICENSE/FOR-PROFIT (FLF)	125.00	.00	.00	.00	.00

Receipt

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

BAILEY CAVALIERI LLC
10 WEST BROAD ST
SUITE 2100
COLUMBUS, OH 43215

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1827471

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

VECTORVEST INC.

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

Document(s)	Document No(s):
FOREIGN LICENSE/FOR-PROFIT	**200900501892**

Authorization to transact business in Ohio is hereby given, until surrender, expiration or cancellation of this license.

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 31st day of December, A.D. 2008.

Ohio Secretary of State

DOC ID ----> 200900501892

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: (Select One)	
Mail Form to one of the Following:	
○ Yes	PO Box 1390 Columbus, OH 43216
*** Requires an additional fee of $100 ***	
◉ No	PO Box 670 Columbus, OH 43216

FILED
2009 FEB 31 PM 2:03

FOREIGN CORPORATION APPLICATION FOR LICENSE OR REGISTRATION OF CORPORATION NAME

(For Foreign Profit or Nonprofit)

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) Foreign Corporation	(2) Registration of Corporate Name by Unlicensed Foreign Corporation
☑ For-Profit *(151-FLF)*	☐ Original (158-RCO)
☐ Nonprofit *(152-FLN)* ORC 1703	☐ Renewal (172-RNR (RCR)) ORC 1703 _____ (Registration No.)
Filing Fee $125.00	**Filing Fee $50.00**

Complete the general information in this section for the box checked above.

Corporate Name: VectorVest Inc.

Under the Laws of the State of: Delaware *(Home State)*

Date of Incorporation in Home State: 10/20/95 *(Date)*

The corporation's principal office is located at

2650 West Market Street, Suite 1-A
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Akron *(City)* Ohio *(State)* 44333 *(Zip Code)*

The corporate purpose it proposes to exercise in the state of Ohio are as follows: (Please provide a brief but specific description; a general purpose clause is not sufficient)

Operate a business that sells a product used to analyze individual stocks.

The corporation is carrying on or doing business.

☐ ***Check here if additional provisions are attached***

DOC ID ----> 200900501892

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

The corporation hereby appoints the following as its statutory agent upon whom process against the corporation may be served in Ohio

James G. Ryan
(Name)

10 West Broad Street, Suite 2100
(Street) NOTE: P.O. Box Addresses are NOT acceptable.

Columbus (City) | Ohio (State) | 43215 (Zip Code)

The entity above 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 above listed fails to designate another agent when required to do so, o
C. the above stated registration to do business in Ohio expires or is cancelled

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

The application is made to secure a ☑ permanent ☐ temporary license

The corporation's principal office within Ohio is to be located in ☐ Corporation will not have an office in Ohio

2650 West Market Street, Suite 1-A
(Street) NOTE: P.O. Box Addresses are NOT acceptable.

Akron (City) | Summit (County) | Ohio (State) | 44333 (Zip Code)

Has the corporation obtained a license to transact business in Ohio at any time in the past? ☐ Yes ☑ No
If yes, prior License No. _____ issued _____ (Date)

The date on which the corporation began transacting business in Ohio

☑ Date 01/01/09
OR
☐ Will begin business upon approval of application

Is this application being made to enable the corporation to prosecute or defend a legal action? ☐ Yes ☑ No

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

The location of its principal office in the state of Ohio is

_____
(Street) NOTE: P.O. Box Addresses are NOT acceptable.

_____ (City) | _____ (County) | Ohio (State) | _____ (Zip Code)

(Pursuant to ORC 1703.27 must have an Ohio address)

DOC ID ----> 200900501892

SS.

IN WITNESS WHEREOF, the corporation has caused this application to be executed by an authorized officer on 12/27/08 (Date)

STATE OF OHIO

COUNTY OF SUMMIT

Linda Royer (Name of Officer), being first duly sworn, deposes and says that he/she is the Treasurer (title) of VectorVest Inc. the corporation described in the foregoing application, and that the statements contained in said application are true and correct to the best of my knowledge and belief.

Signature: Linda Royer

Name: Linda Royer

Sworn to before me and subscribed in my presence, 12/27/08 (date)

(Notary Public)

NOTARY SEAL

Expiration date of Notary's Commission: _____ (date)

NOTARIAL SEAL STATE OF OHIO

JAMES G. RYAN, Attorney At Law
NOTARY PUBLIC, STATE OF OHIO
My commission has no expiration date
Section 147.03 R.C.

DOC ID ----> 200900501892

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VECTORVEST INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VECTORVEST INC." WAS INCORPORATED ON THE TWENTIETH DAY OF OCTOBER, A.D. 1995.

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

2554051 8300

081233264

AUTHENTICATION: 7051314

DATE: 12-29-08

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