# M0800005454

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					
•					

Office Use Only



300138984543

RECEIVED

08 DEC 17 PM 4: 17

SEGGETARY OF STATE TALLAHASSEE, FLORIC

B. KOHR

DEC 18 2008

**EXAMINER** 



ACCOUNT NO. : 072100000032 REFERENCE: 830354 AUTHORIZATION : COST LIMIT : \$ 125 ORDER DATE: December 17, 2008 ORDER TIME : 3:34 PM ORDER NO. : 830354-015 CUSTOMER NO: 4340636 FOREIGN FILINGS NAME: NETVERSANT ACQUISITION II LLC XXXX\_ QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER: \_\_\_\_

#### 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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: NetVersant Acquisition II LLC (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.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) <sup>4</sup> December 2, 2008 perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 777 Post Oak Blvd., Suite 400 Houston, Texas 77056 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here X 9. The name and usual business addresses of the managing members or managers are as follows: Lynn Tilton, Manager 32 Ave. of the Americas, 17th Floor New York, NY 10013 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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: Planning, installation and support of wireless networking, structured cabling, telephony & electronic security 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.) Lynn Tilton, Manager

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	Comp	pany is:	
NetVersa	nt Acquisition II LLC	<u> </u>		
If name unav	ailable, the alternate nan	ne to b	be used in the state of Florida is:	
2. The name	and the Florida street ad	ldress	of the registered agent and office are:	
	Corporation Servi	ce Co	ompany	
			(Name)	
	1201 Hays Street			
	Florida Stro	eet Add	dress (P.O. Box <u>NOT</u> ACCEPTABLE)	
	Tallahassee		FL 32301	
			City/State/Zip	
liability compagent and agr relating to the obligations of	any at the place designate ree to act in this capacity. proper and complete per	ed in ti I furti forma	to accept service of process for the above sta his certificate, I hereby accept the appointme her agree to comply with the provisions of al ance of my duties, and I am familiar with and t as provided for in Chapter 608, Florida Sta	ent as registered Il statutes I accept the
		00.00	Filing Fee for Application	
		25.00 30.00	Designation of Registered Agent Certified Copy (optional)	
		5.00	Certificate of Status (optional)	

## Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NETVERSANT ACQUISITION II 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 ELEVENTH DAY OF DECEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NETVERSANT ACQUISITION II LLC" WAS FORMED ON THE SECOND DAY OF DECEMBER, A.D. 2008.

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

4628904 8300

081184542

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

DATE: 12-11-08

Harrlet Smith Windsor, Secretary of State

AUTHENTICATION: 7016336