2016-11-07 11:04 26 CST

19542080845 From: Ranae McGraw

11/4/2016

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002727103)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mad I	Address:	
mali	Address:	

Foreign Limited Liability Company Avocent Huntsville, LLC

Certificate of Status Certified Copy 0 Page Count Estimated Charge \$125.00

File 2nd with lax filing # H160002727083; thank you.

Electronic Filing Menu

Corporate Filing Menu

Help

File 2nd with Fax filing # H 50002727083, thank you

D. SCOTT

COVER LETTER

	tegistration Section Division of Corporatio	ons			
SUBJECT	Ávocem Huntsville	e, I/I/C		<i>19</i> 6	
	*	Name of	Limited Liability	Company	
The enclos Existence,	sed "Application by Fo and check are submitt	oreign Limited Liability Com ed to register the above refer	pany for Authoriza enced foreign limi	ation to Transact Business in Flo led liability company to transact	rida," Certificate business in Flor
lease ret.	arn all correspondence	concerning this matter to the	following:		
	Katic Lackey				
		N	ame of Person	тур (Қ. Қараттақ қарақ қарақ және каратыр (С. 1914) және және (С. 1914) және және және және және және және жән	pro annumpagna Prosp _e
	CT Corporation	on			
		Ŀ	irm/Company	the entropy and property are such a proposed or the same and a gray agreement and a second or the same and a second or th	 -1
	120 South Ce:	ntral Avenue, Snite 400			
	recharge, yes succeeded and entry storing	erene melle meller del mente mellem melle meller den det gegen er mengenere del redektern, men gemen meller de	Address	eri erri, angara garap di mililandiga da Spir mililandi a angarahnga katapanganga mangang mililaga danka ada a	- Marine
	Clayton, MO	63105			
	Printle con two as a successful time of Falls Au-	Ciry/S	tate and Zip Code		and the second s
	stephanic.coin@		, .		المساد
	**************************************	E-mail address: (to be use	d for future annua	(report notification)	त ं ?
or further	r information concerni:	ng this matter, please call;			图图四
Kim Olmstead Name of Contact Person		,314 at (553-2438	DV -7 M	
· ~.·	Name	of Contact Person	Area Code	Daytime Telephone Kumi	To a contract of
ם א פ	AAILING.ADDRESS Division of Corporation legistration Section .O. Box 6327 altahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clitton Building 2661 Executive Center Circle Tallanassee, FL 32301	9. 08
	s a check for the follow 1\$125.60 Filing Fee	ving amount: \$130.00 Filing Fee & Certificate of Status	□ \$155,60 Fito Certified Copy		

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

IN COMPILANCE BITTI SECTION (05.090), FLORIDA STATE TES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Name of Fore	eign Limited Unbility Company; ini	st include "Limite	d Liability Comp	any," "L.L.C.," or	"LLC.")	
f name unavailable, enter al lability Company," "L.L.C.	terrate name adopted for the purpose of "LUC.")	e of bunsacting o	asiness in Florida	. The alternate nar	ne must inc	lude "Limited
Alabama		3, 63-0801	728			
(Jurisdiction under the law company is organized)	of which foreign limited liability		(PEI min	iber, if applicable)	
Upon submission						
	(Date first transacted busine (See sections 605,0904 & 605	388 in Florida, if p. 0905, F.S. to det	rior to registration	i.) bility)	- .	
4991 Corporate Drive						
Hunsville, At. 35805	<u>-</u>					
	(Street Address of	Principal Office)		. 		
4991 Corporate Drive		/a((day)))		·		
Huntsviile, AL 35805						
	(Mailing	Address)	Antonio (BPASTS) (Appropriate the special state of			
. Name and street address	s of Florida registered agent: (P	.O. Box <u>NOT</u> a	sceptable)			
Name:	C T Corporation System					
Office Address:	1200 South Pine Island Road					
	Plantation		. Florida	33324 (Zip code)		
	(City)			(Zip code)		
exignated in this upptical complywith the provision eccpt the obligations of t	gistered agent and to accept sertion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. CT Corporation 8	tment as registe proper and con	red agent <mark>a</mark> nd a	gree to act hi the nee of my dutie	is an acity	y.Zfuriller a n fqmill gra vii ,Asst.Sec.
	(Regis	tered agent's signs	mire)	······································	一门公	まし
. The name, title or capa ohn G. Shively, Assistan	icity and address of the person(s)) who has/have a	uthority to man	ago i√are: _/	202	9 08
	St. Louis, MO 63136	<u></u>	<u>,</u>			•
000 W. Piorissait Ave.	., 51. Louis, MO 0.7130					
	of existence, no more than 90 di of which it is organized. (If the a abmitted)		foreign language			
	·)I					
	Signature	of an authorized	norson			

Typed or printed name of signed

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Avocent Huntsville, LLC was formed in Madison County, Alabama on December 28, 1993. The Alabama Entity Identification number for this entity is 160-959. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.





20161026000022070

In Testimony Whereof, I have hereunto set my hand and affixed the Great Scal of the State, at the Capitol, in the city of Montgomery, on this day.

10/26/2016

Date

X 74. Menill

John H. Merrill

Secretary of State