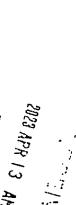
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Duringer Fakh, Nema)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
W23-54073					

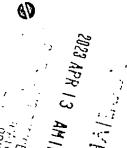
Office Use Only



200406073902

2023 AFR 13 AM 10: 40







FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2023

RESUBMIT

Please give original submission date as file date.

csc

SUBJECT: GIGAMON FEDERAL, LLC

Ref. Number: W23000054073

We have received your document for GIGAMON FEDERAL, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list a title for Michael Woolingham.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

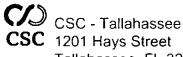
KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

2023 APR 19 AM

Letter Number: 523A00008462

www.sunbiz.org





Tallahassee, FL 32301-2607 850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext:

Date: 04/13/23 Order #: 672158-1

Re: Gigamon Federal, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number: I2000000195
AUTHORIZATION:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

ПΥ

I. Gigamon Federal, LL (Name of Foreign	_C Limited Liability Company, must include "Limited	Liability	Company," "L.L.C.," or "L.L.C.")			
					_	
If name unavailable, enter alternate Delaware	name adopted for the purpose of transacting business in Fl	orida Thea	lternate name must include "Limited Liability (84-2223434	Company," "L.L.C." o	r "LLC.")	
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)				
4. <u> </u>						
	(Date first transacted business in Florida, if prior to to (See sections 605,0904 & 605,0905, F.S. to determine	egistration. ne penalty l	ability)			
c/o Gigamon Inc. 5.			c/o Gigamon Inc.			
O. (Street Address of Principal Office)		6(Mailing Address)			_	
3300 Olcott ST		3300 Olcott ST				
Santa Clara, CA 95054		Santa Clara, CA 95054			_	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT a	cceptable)	APR L	- 	
Name:	Corporation Service Company	_		3 AH	10	
Office Address:	1201 Hays Street		_ 	AH 10: 40		
	Tallahassee		32301			
(City)			, Florida (Zip code)			

(Registered agent's si jature)

and accept the obligations of my position as registered agent.

Ву:

Corporation Service Company

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name:	□Manager	Name: Michael Woolingham
□Member	Address: 8000 Towers Crescent Dr.	□Member	Address: 8000 Towers Crescent Dr.
□Authorized	Vienna, VA 22182	□Authorized	Vienna, VA 22182
Person	Wendi.Hawk@gigamon.com	Person	mike.woolingham@gigamon.com
□Other	Other	☑Other_Chairma	n Other
■Manager	Name:	□Manager	Name:
□Member	Address: 3300 Ofcott ST	■Member	Address:
□Authorized	Santa Clara, CA 95054	□Authorized	Santa Clara, CA 95054
Person		Person	
Other	Other	Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
■ Authorized	Santa Clara, CA 95054	□Authorized	
Person	TAX@Gigamon.com	Person	
Other		□Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

Rhonda L. Klein

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GIGAMON FEDERAL, 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 THIRTEENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GIGAMON FEDERAL, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203132127

Date: 04-13-23

7473246 8300 SR# 20231422836

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