



02780271

**APPLICATION FOR REGISTRATION
OF A FOREIGN LIMITED LIABILITY
Pursuant to A.R.S. §29-802 et**

1. The company name must contain an ending which may be "limited liability company," "limited company," or the abbreviations "L.L.C.," "L.C.," "LLC" or "LC". If you are the holder or assignee of a tradename, attach a copy of the tradename certificate. If your name is not available for use in Arizona, you must adopt a fictitious name and provide a resolution adopting the name, which must be signed by a manager, member or authorized agent.

2. Provide the name of the state or jurisdiction under whose laws your company was formed.

3. Provide the date on which your company organized in the state or jurisdiction under whose laws it was formed.

4. Provide the general character of business you plan to transact in Arizona.

5. The statutory agent must provide a street address. If statutory agent has a P.O. Box, then they must also provide a street address/location.

The agent must consent to the appointment by executing the consent.

LL:0005
Rev. 10/2006

1. The name of the foreign limited liability company is:

Packet Forensics, LLC

1. a. If the exact name of the foreign limited liability company is not available for use in this state, then the fictitious name adopted for use by the limited liability company in Arizona is:

(FN)

2. The company is organized under the laws of: Delaware
(State)

3. The date of the company's formation is: June 15, 2005

4. The purpose of the company or the general character of business it proposes to transact in Arizona is:

manufacture / sales of custom
computer servers

5. The name and street address of the statutory agent for the foreign limited liability company in Arizona is:

Rodney Joffe

420 S Smith Rd

Tempe AZ 85281

ACCEPTANCE OF APPOINTMENT BY STATUTORY AGENT

I, Rodney Joffe, having been designated to act as
(Print Name)

statutory agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statutes.

Signature

R Joffe

If signing on behalf of a company, print company name here

**AZ CORPORATION COMMISSION
FILED**

MAY 12 2009

FILE NO. B-15260720

6. Check which management structure will be applicable to your company. Provide name, title and address for each person.

7. If the jurisdiction under the law of which your company is formed, you must provide the address of the principle office of the company, in whatever state or jurisdiction it is located.

The application must be signed by a member, manager or duly authorized agent.

Attach a certificate of existence or document of similar import duly authenticated (within sixty (60) days) by the official having custody of corporate records in the state, province or county under whose laws the corporation is incorporated.

Your phone and fax numbers are optional.

LL:0005
Rev. 10/2006

6. Management Structure (select option A or B):

A ☐ Management of the limited liability company is vested in a manager or managers. The names and addresses of each person who is a manager AND each member who owns a twenty percent or greater interest in the capital or profits of the limited liability company are:

Name: _____
[] member [] manager

Address: _____

City, State, Zip: _____

Name: _____
[] member [] manager

Address: _____

City, State, Zip: _____

Name: _____
[] member [] manager

Address: _____

City, State, Zip: _____

Name: _____
[] member [] manager

Address: _____

City, State, Zip: _____

B ☒ Management of the limited liability company is reserved to the members.

The names and addresses of each person who is a member are:

Name: Dino Capital Group LLC

Address: 420 S Smith Rd

City, State, Zip: Tempe AZ 85281

Name: Black 3, Inc.

Address: 1340 N Great Neck Rd

STE 1272-397

City, State, Zip: Virginia Beach, VA 23454

Name: Vestron Holdings, Inc.

Address: 576 N Birdbeck Rd

STE 710

City, State, Zip: Virginia Beach, VA 23451

Name: _____

Address: _____

City, State, Zip: _____

7. The address of the office required to be maintained in the jurisdiction under the laws of which the company is organized, if required; or, if not required, the address of the principal office of the company is:

420 S Smith Rd, Tempe, AZ 85281

Executed this 11th day of May, 2009

[Signature]

Rodney Jaffe

Print Name (Check One) ☐ Member ☐ Manager ☒ Authorized Agent

PHONE: 480-804-8250

FAX: 480-804-8250

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PACKET FORENSICS, 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 MAY, A.D. 2009.

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

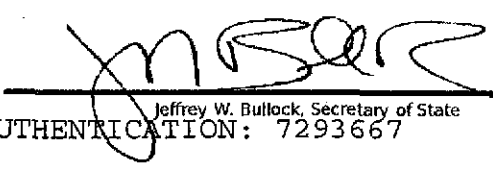
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PACKET FORENSICS, LLC" WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7293667

DATE: 05-11-09