



03429693

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

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 trade name, attach a copy of the trade name certificate. If your name is not available for use in Arizona, you must adopt a fictitious name and provide a resolution adopting the fictitious name. The resolution must be signed by a member or by a manager, whichever is applicable.

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

3. Provide the date on which your company was formed or organized in the state or country of formation.

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 signing the consent.

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

GENESIS NETWORKS INTEGRATION SERVICES, LLC

1. a. If the exact name of the foreign limited liability company is not available for use in this state or does not meet the requirements of A.R.S. § 29-802, 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 or Country)

3. The date of the company's formation is: 08/27/2010

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

NETWORK INTEGRATIONS SALES AND SERVICES

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

Capitol Corporate Services, Inc.

815 N First Ave Ste 4

Phoenix AZ 85003

**ACCEPTANCE OF APPOINTMENT BY STATUTORY AGENT**

I, Capitol Corporate Services, Inc., 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.

Gayle Windle  
Signature

Gayle Windle, Asst. Sec. on behalf  
of Capitol Corporate Services, Inc.  
If signing on behalf of a company, print company name here

**AZ CORPORATION COMMISSION  
FILED**

LL:0005  
Rev. 04/2010

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Arizona Corporation Commission  
Corporations Division

APR 18 2011

FILE NO. R-1674263.5

6. Check A or B to show which management structure will be applicable to your company. Provide name and address for each person, and check whether they are member, manager, or both.

7. If the state or country of formation does not require an address to be maintained, provide the street address of the statutory agent in the state or country of formation.

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

Attach a certificate of existence or document of similar import duly authenticated within 60 days of its delivery to the A.C.C. by the official having custody of corporate records in the state or country under whose laws the LLO is formed.

6. Management Structure (check A or B):

A ☒ Management of the limited liability company is vested in a manager or managers. Give the name and address of each and every manager AND of each and every member who owns a twenty percent or greater interest in the capital or profits of the limited liability company, and check off member and/or manager.

Name: NETWORK INTEGRATIONS SALES AND SERVICES

☒ member ☐ manager

Address: 600 N LOOP 1604 E

Name: BLACK BOX VENTURE HOLDING COMPANY

☒ member ☐ manager

Address: 1000 PARK DR

City, State, Zip: SAN ANTONIO, TX 78232

Name: PERRY UHLES

☐ member ☒ manager

Address: 600 N LOOP 1604 E

City, State, Zip: LAWRENCE, PA 15055

Name:

☐ member ☐ manager

Address:

City, State, Zip: SAN ANTONIO, TX 78232

City, State, Zip:

B ☐ Management of the limited liability company is reserved to the members. Give the name and address of each and every member.

Name:

Name:

Address:

Address:

City, State, Zip:

City, State, Zip:

Name:

Name:

Address:

Address:

City, State, Zip:

City, State, Zip:

7. Give the address of the office required to be maintained in the state or country of formation.

615 S. Dupont Highway

Dover, DE 19901

Signed this 7 day of APRIL, 2011

Signature

Perry Uhles

Print Name (check one) ☐ Member ☒ Manager ☐ Authorized Agent

PHONE: 210-489-6600

FAX: 210-491-3081

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GENESIS NETWORKS INTEGRATION SERVICES, 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 TWELFTH DAY OF APRIL, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GENESIS NETWORKS INTEGRATION SERVICES, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2010.

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

4865276 8300

110404810

You may verify this certificate online  
at [corp.delaware.gov/authvar.shtml](http://corp.delaware.gov/authvar.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8686959

DATE: 04-12-11