# F10000000254

| (Re                              | questor's Name)    |                    |
|----------------------------------|--------------------|--------------------|
| (Ad-                             | dress)             |                    |
| (Ad                              | dress)             |                    |
| (Cit                             | y/State/Zip/Phone  | <del>&gt;</del> #) |
| PICK-UP                          | ☐ WAIT             | MAIL               |
| (Bu                              | siness Entity Nan  | ne) .              |
| (Do                              | cument Number)     |                    |
| Certified Copies                 | _ Certificates     | of Status          |
| Special Instructions to          | Filing Officer:    |                    |
| AUTHORIZATION BY<br>CORRECT # 12 | GAVE<br>Y PHONE TO |                    |
| DATE 1-15-1 DOC. EXAM. 21        |                    |                    |
|                                  |                    |                    |
|                                  |                    |                    |

Office Use Only



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### **COVER LETTER**

|  | Filing Section sion of Corporations  |  |  |  |  |
|--|--|--|--|--|--|
| SUBJECT  | CONSULTING & TESTING SERVICES, INC.  |  |  |  |  |
| Name of corporation - must include suffix  |  |  |  |  |  |
| Dear Sir or I  | Иadam:   |  |  |  |  |
| "Certificate   | d "Application by Foreign Corporation for Authorization to Transact Business in Florida," of Existence," or "Certificate of Good Standing" and check are submitted to register the need foreign corporation to transact business in Florida.   |  |  |  |  |
| Please return  | all correspondence concerning this matter to the following:  |  |  |  |  |
| Frank Selan  | nie  |  |  |  |  |
|  | Name of Person   |  |  |  |  |
| Consulting &   | k Testing Services, Inc.   |  |  |  |  |
|  | Firm/Company   |  |  |  |  |
| 622 George   | Address AAA Suite 301  Address AAA Suite 301  According to the state of the state o |  |  |  |  |
|  | Address $\stackrel{\text{2.5}}{=}$   |  |  |  |  |
| North Bruns  | wick, NJ 08902   |  |  |  |  |
|  | City/State and Zip code  |  |  |  |  |
| franks@ctsi  | web.com  |  |  |  |  |
|  | E-mail address: (to be used for future annual report notification)   |  |  |  |  |
| For further i  | nformation concerning this matter, please call:  |  |  |  |  |
| Maggie Hida  | at (732 ) 729-1800   |  |  |  |  |
| Nar  | ne of Person Area Code & Daytime Telephone Number  |  |  |  |  |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Constant Consta |  |  |  |  |  |
| Enclosed is  | a check for the following amount:  |  |  |  |  |
| □ \$70.00 F  | iling Fee  |  |  |  |  |

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| **  | esting Services, Inc. orporation; must include "INCORPORATE   | <u>. U</u>      | " "COMPANY " "COPPODATION"   |             |             |     |
|---|---|-----------------|--|-------------|-------------|-----|
|   | orp," "Inc," "Co," or "Corp.")  | υ,              | COMPANT, CORPORATION,  |             |             |     |
| CTSI  |   |                 |  |             |             |     |
| (If name unavail  | able in Florida, enter alternate corporate nan  | ne              | adopted for the purpose of transacting busin   | ness in Fl  | orida)      |     |
| 2. New Jersey   |   | 3.              | 22-3179402   |             |             |     |
| (State or country   | under the law of which it is incorporated)  |                 | (FEI number, if applicable)  | )           |             |     |
| 4. 7/13/1992  |   | 5.              | Perpetual  | _           |             |     |
| (Date   | of incorporation)   |                 | (Duration: Year corp. will cease to exist of   | r "perpet   | ual")       |     |
| 6. ' Upen   | qualification.  |                 |  |             |             |     |
| ·   |   |                 | n Florida, if prior to registration) 02, F.S., to determine penalty liability)       |             |             |     |
| 7. 622 Georges Ro   | oad, Suite 301 North Brunswick, NJ 089  | <del>3</del> 02 | 2  |             |             |     |
|   | (Principal office ad  | ddr             | ress)  | Σe          | 201         |     |
| SAME AS ABOV  |   | <del></del>     |  | <u> 58</u>  | ر ا         | £m  |
|   | (Current mailing a  | daı             | ress)  | E TAI       | 2010 JAN 15 | 40  |
| ε Engage in any   | lawful activity for which corps. may be or  | rga             | anized under NJ Bus.Corp.Act.  | SEE,        |             | Ĩ   |
|   | ) of corporation authorized in home state or  |                 |  | 卫员          | 3           | 1   |
| 9. Name and stree   | t address of Florida registered agent: (P   | .C              | Box NOT acceptable)  | FLORIDA     | 90 :1 Ha    | *   |
| Name:   | Alex Class  |                 | <del></del>  | مانيان<br>ا |             |     |
| Office Address:   | 3254 Bass Court   |                 |  |             |             |     |
|   | Green Cove Springs  |                 | , Florida 32043  |             |             |     |
|   | (City)  |                 | (Zip code)   |             |             |     |
| Having been nam<br>designated in this<br>further agree to c | gent's acceptance: ed as registered agent and to accept ser application, I hereby accept the appoin omply with the provisions of all statutes with and accept the obligations of my p | ntn<br>s re     | nent as registered agent and agree to ac<br>Plative to the proper and complete perfi | ct in this  | capaci      | ty. |
| _   | (Registered agent's signatur  | re)             |  |             |             |     |

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

| A. DIRECTORS   |                                 |                                       |
|--|---------------------------------|---------------------------------------|
| Chairman: Farshad Selamie  |                                 |                                       |
| Address: 622 Georges Road, Suite 301   |                                 |                                       |
| North Brunswick, NJ 08902  |                                 |                                       |
| Vice Chairman:   |                                 |                                       |
| Address:   |                                 | · -                                   |
| Director:  |                                 |                                       |
| Address:   |                                 | <del> </del>                          |
| Director:  |                                 | · · · · · · · · · · · · · · · · · · · |
| Address:   | 7A 5                            |                                       |
| B. OFFICERS  | 2010 JAN                        |                                       |
| President: Farshad Selamie   | SEE 5                           |                                       |
| Address: 622 Georges Road, Suite 301   | 78                              | - [T]                                 |
| North Brunswick, NJ 08902  |                                 |                                       |
| Vice President: Farhood Selamie  | <b>_</b>                        |                                       |
| Address: 622 Georges Road, Suite 301   |                                 |                                       |
| North Brunswick, NJ 08902  |                                 | <u> </u>                              |
| Secretary:   |                                 |                                       |
| Address:   |                                 |                                       |
| Treasurer:   |                                 |                                       |
| Address:   |                                 |                                       |
| NOTE: If necessary, you may attach an addendum to the application listing additional desired and additional desire | onal officers and/or directors. |                                       |
| 13. Signature of Director or Officer listed in number 12 of the a  | application)                    |                                       |
| 14. Farhood Selamie, Vice President  | <u> </u>                        |                                       |
| (Typed or printed name and capacity of person signing and  | lication)                       |                                       |

# STATE OF NEW JERSEY DEPARTMENT OF TREASURY LONG FORM STANDING WITH CHARTERED DOCUMENTS

### CONSULTING AND TESTING SERVICES, INC.

0100523297

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on July 13, 1992.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are

Farshad Selamie 622 Georges Road, Suite 301 North Brunswick, 08902

I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:

| Revoked For Failure To Pay Annual Reports | 02/16/2007 |
|---|------------|
| Change Of Agent And Office                | 04/05/2007 |
| Reinstatement Process Pending             | 04/05/2007 |
| Reinstated (Annual Reports)               | 07/30/2007 |
| Change Of Agent And Office                | 05/11/2009 |



Certification# 115946859

Verify this certificate at https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 11th day of December, 2009

Dall Van

R. David Rousseau State Treasurer