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(Req	uestor's Name)		
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TALLAHASSEE, FLORIDA

## FLORIDA DEPARTMENT OF STATE DE CARRENT OF STATE THE TAIL AMAGEET TO STATE THE TAIL AMAGEET TO STATE THE TAIL AMAGEET TO STATE TO

March 1, 2010

**HELEN WONG** 215 N. MARENGO AVE., STE. 250 PASADENA, CA 91101-1532

SUBJECT: GUIDANCE SOFTWARE INC.

Ref. Number: W10000010258

We have received your document for GUIDANCE SOFTWARE INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Your authorization application is incomplete please complete 1-10.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6062.

Eula Peterson Regulatory Specialist II

Letter Number: 310A00005004

#### **COVER LETTER**

	ing Section of Corporations		
SUBJECT:	GUIDANCE SC	FTWARE IN	IC.
		ration - must include	
Dear Sir or Mada	nm:		
			Transact Business in Florida," e referenced foreign corporation to
Please return all	correspondence concerning this m		<b>;</b> :
	HELEN WI	ONG	
	HELEN WO	ne of Person)	_
	GUIDANCE SC	RTWARE I	NC.
	·	ı/Company)	
215 N.	MARENGO AVE	STG 250	
	(	Address)	
PASADE	NA, CA 91101	- 1532	
	(City/S	tate and Zip code)	
Design Courts and the Court		11	
For further infor	nation concerning this matter, ple		
Helen	WOWA at W	20,229-	7191 X 769  Telephone Number)
(Name o	of Person) (A	rea Code & Daytime	: Telephone Number)
New Fili Division Clifton E 2661 Exe	r/COURIER ADDRESS:  ng Section of Corporations Building ecutive Center Circle see, FL 32301	New I Divisi P.O. I	LING ADDRESS: Filing Section on of Corporations Box 6327 assee, FL 32314
Enclosed is a che	ck for the following amount:		,
☐ \$70.00 Filing	Fee	S78.75 Filing Certified Copy	<b>/</b> \

APPLICA	TION BY FOREIGN CORPORATION BUSINESS IN	N FOR AUTHORIZATION TO TRANSA	ACT
	E WITH SECTION 607, 1503, FLORIDA STAT REIGN CORPORATION TO TRANSACT BUS	TUTES, THE FOLLOWING IS SUBMITTED ASSINESS IN THE STATE OF FLORIDA.	3-1
1.	GUIDANCE SOFTI	NARE, INC.	23
	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")		E.F. O.S
(If name unavaila	ble in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florid	da)
2.	DELAWARE 3	95-4661210 (FEI number, if applicable)	
(State or country,	under the law of which it is incorporated)	(FEI number, if applicable)	<del></del>
4	11/17/2006 5.	PERPETUAL	
(Date	of incorporation) (E	Duration: Year corp, will cease to exist or "perpetual	!")
6.	9-2009	Latte to the land of the Control	<del></del>
	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502,	P. O. A. Marane Community of the Effects	
7.	215 N. MARGNGO AVE	STE 250 PASADENA CA  STE 250 PASADENA CA  PASADENA CA	940V153
	(Principal office address	01.100.10	- 1531
	215 N. MARENGO AVE	STE 250 VASAVENA CA	OIIIO( ~)=> (
	(Current mailing address	· · · · · · · · · · · · · · · · · · ·	
8	PROVISION OF SOFTWI	ARE	
(Purpose(s)	of corporation authorized in home state or count		<u></u>
9. Name and street	address of Florida registered agent: (P.O. B	ox NOT acceptable)	
Name:	PARACORP INCORPORATED		
Office Address:	236 EAST 6TH AVENUE	<del>_</del>	,
	TALLAHASSEE	, Florida <u>32303</u>	
	(City)	(Zip code)	
designated in this a further agree to con and I am familiar v	d as registered agent and to accept service of application, I hereby accept the appointment in the provisions of all statutes relatively and accept the obligations of my position.		pacity. I
N	(Registered agent's signature) IINH HO, ASST SECRETARY PAR	RACORP INCORPORATED	
11. Attached is a co-	ertificate of existence duly authenticated, not state, by the Secretary of State or other official	more than 90 days prior to delivery of this applial having custody of corporate records in the jur	ication to

under the law of which it is incorporated.

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

A. DIRECTORS	
Chairman: SHAWN MCCREIGHT	
Address: 215 N. MAREN 60 AVE STE 250	
PASADENA (CA 91101-1532	
Vice Chairman:	
Address:	
Director: VIGOR LIMONGELLI	New York
Address: 25 N. MARCENGO AVE STE 250	
PASADENA, CA 9/101-1532	
Director: KATHLEEN O'NEIL	
Address: 25N. MAREN GO AVE CATE 250	
PASADENA CA 91101-1532	<u>-</u> 4
B. OFFICERS	10 HAR
President: VICTOR LIMON GELLI	ASS T
Address: 215 N. MAREN GO AVE STE 250	
PASADENA CA 01101 - 1532	FLORE D
Vice President: LARRY GILL	D5 NDA
Address: 215 N. MAREN 60 AVE 876 250	
PASADENA, CA 91101-1532	
Secretary: MARK HARRINGTON	
Address: 215 N. MARENGO ALE STE 250 PASADENA	CA 91101
Treasurer: BARRY PLAGA	
Address: 215 N. MARENGO AVE STE 250 PASADENA CA	91101
NOTE: If necessary, you may attach an addendum to the application listing additional officers an	id/or directors.
13. (Structure of Office Visited in number 12 of the application)	
Usignature of Director or Officer listed in number 12 of the application)	
14. Typed or printed name and capacity of person signing application)	

### Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "GUIDANCE SOFTWARE, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF

JANUARY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GUIDANCE SOFTWARE, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2006.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

TALLAHASSEE, FLORIDA

4227878 8300

100085289

AUTHENTICATION: 7786201

DATE: 01-28-10

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