# #M13000003029

(Red	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

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K. SALY EXAMINER MAY 1 4 2013

#### **COVER LETTER**

Registration Section TO: -Division of Corporations

### Fournier, Robson & Associates, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

riease return an correspondence concerning this i	matter to the following.	
Debbie Cooley	<i>(</i>	
	Name of Person	
Fournier, Robs	son & Associates, LLC	
	Firm/Company	
354 N. Prince	Street	
-	Address	
Lancaster, PA	17603	
	City/State and Zip Code	
dcooleyrfi@gm	ail.com	
E-mail address	: (to be used for future annual report notification)	
For further information concerning this matter, pl	ease call:	
Debbie Cooley	717 293-9050	
Name of Person	Area Code & Daytime Telephone Number	
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations		
Registration Section		
	P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Fournier, Robson & Associates, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

	me unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written ent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability"
	pany," "L.L.C," "LLC.")
$_2 P$	ennsylvania 3. 23-3064700
(Ju	risdiction under the law of which foreign limited liability (FEI number, if applicable) mpany is organized)
4.	12/18/2000 <sub>5.</sub> perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. L	upon registration
·· _	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	354 N. Prince Street 単二 二 当
Ł	ancaster, PA 17603
_	(Street Address of Principal Office)
8. 11	_ancaster, PA 17603  (Street Address of Principal Office)  Flimited liability company is a manager-managed company, check here
9. T	he name and usual business addresses of the managing members or managers are as follows:
<u> </u>	Lance E. Robson - 423 Eagles Mere Ave., Eagles Mere PA 17731
_	Ronald D. Schaible - 354 N. Prince St., Lancaster PA 17603
	Stephen E. Fournier - 215 East Bay St., Suite 400, Charleston SC 29401
the ju	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in risdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: To provide broad
	consulting engineering and technical services.
_	2110 (1-11
	Signature of a member or an authorized representative of a member.
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the

In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true 1 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.)

Ronald D. Schaible

9. Additional member:

Robson Forensic, Inc.

354 N. Prince Street

Lancaster, PA 17603

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING

THE OTTE ENGINEER EMITTED EMISTER TOOM THAT GODING THE TOREOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1.	The name	of the	Limited	Liability	Company	is:
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#### Fournier, Robson & Associates, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

CT	Cor	poration	System
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#### 1200 S. Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Plantation** 

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

> Jordan Brown Asst Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 **Designation of Registered Agent** 

30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

MAY 6, 2013

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### FOURNIER, ROBSON & ASSOCIATES, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Care ailee

Certification Number: 11049587-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp