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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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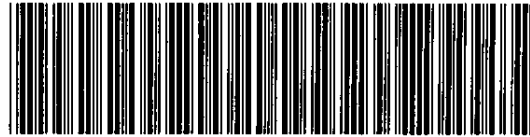
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nelson Forensics, 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..

Please return all correspondence concerning this matter to the following:

Jennifer Sturdevant

Name of Person

Nelson Forensics, LLC

Firm/Company

2740 Dallas Parkway, Suite 220

Address

Plano, Texas 75093

City/State and Zip Code

registrations@nelsonforensics.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Sturdevant

469

429-9000

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

n/a

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Texas 3. 47-2620924
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. n/a
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Nelson Forensics, LLC
555 Winderley Place, Suite 300, Maitland, FL 32751
(Street Address of Principal Office)


6. Nelson Forensics, LLC
2740 Dallas Parkway, Suite 220, Plano, Texas 75093
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Bart B. Barrett
Office Address: 555 Winderley Place, Suite 300,
Maitland, FL, Florida 32751
(City) (Zip code)

Registered agent's acceptance:

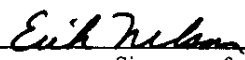
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Please See Attached Document

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I 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.

Erik L. Nelson, PhD, PE - Manager
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**Florida Department of State
Division of Corporations
Application by Foreign LLC for Authorization to Transact Business in Florida
Nelson Forensics, LLC**

8. The name, title or capacity and address of the person(s) who has/have authority to manager is/are:

- Erik L. Nelson, PhD, PE – President & CEO - Manager
2740 Dallas Parkway, Suite 220, Plano, Texas 75093
p. (469-429-9000) f. (469-326-5200) email: registrations@nelsonforensics.com
- Kerry S. Lee, PE – Senior Vice President - Manager
2740 Dallas Parkway, Suite 220, Plano, Texas 75093
p. (469-429-9000) f. (469-326-5200) email: registrations@nelsonforensics.com
- Marco A. Deleon, PE – Vice President of Research & Development - Manager
2740 Dallas Parkway, Suite 220, Plano, Texas 75093
p. (469-429-9000) f. (469-326-5200) email: registrations@nelsonforensics.com
- Ryan T. Chancey, PhD, PE – Vice President & Director of Operations - Manager
2740 Dallas Parkway, Suite 220, Plano, Texas 75093
p. (469-429-9000) f. (469-326-5200) email: registrations@nelsonforensics.com
- Stewart M. Verhulst, PE – Vice President & Executive Technical Director - Manager
9701 Brodie Lane, Suite 201, Austin, Texas 78748
p. (469-429-9000) f. (469-326-5200) email: registrations@nelsonforensics.com

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Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Nelson Forensics, LLC (file number 802131888), a Domestic Limited Liability Company (LLC), was filed in this office on December 29, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 09, 2015.



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State

Form 205
(Revised 05/11)

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512 463-5709
Filing Fee: \$300



This space reserved for office use.

Certificate of Formation
Limited Liability Company

FILED
In the Office of the
Secretary of State of Texas
DEC 29 2014
Corporations Section

Article 1 – Entity Name and Type

The filing entity being formed is a limited liability company. The name of the entity is:

Nelson Forensics, LLC

The name must contain the words "limited liability company," "limited company," or an abbreviation of one of these phrases.

Article 2 – Registered Agent and Registered Office

The initial registered agent is an individual resident of the state whose name is set forth below:

Erik	L.	Nelson	
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>

The business address of the registered agent and the registered office address is:

2740 Dallas Parkway, Suite 220	Plano	TX	75093
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

Article 3—Governing Authority

The limited liability company will not have managers. The company will be governed by its members, and the name and address of each initial member are set forth below.

GOVERNING PERSON 1				
NAME				
Nelson Architectural Engineers, Inc.				
<i>Organization Name</i>				
ADDRESS				
2740 Dallas Parkway, Suite 220	Plano	TX	USA	75093
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>

RECEIVED

DEC 29 2014

Diamond McCarthy LLP: Modified Form 205
Secretary of State

GOVERNING PERSON 2				
NAME				
Nelson Forensics Holdings, LLC				
<i>Organization Name</i>				
ADDRESS				
2740 Dallas Parkway, Suite 220	Plano	TX	USA	75093
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>

Article 4 – Purpose

The purpose for which the company is formed is for the transaction of any and all lawful purposes for which a limited liability company may be organized under the Texas Business Organizations Code.

Organizer

The name and address of the organizer:

Kerry S. Lee				
<i>Name</i>				
1227 Windmere Way	Allen	TX	75013	
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	


Effectiveness of Filing

This document becomes effective when it is filed with the Secretary of State.

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized to execute the filing instrument.

Date: 23-DEC-2014



 Signature of organizer
 Kerry S. Lee

 Printed or typed name of organizer