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(Address)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Forensic Consultants of North America, 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:

Wayne S. Todd, Director of Litigation Services
Name of Person

Forensic Consultants of North America
Firm/Company

520 Fellowship Road, Suite E-504
Address

Mount Laurel, NJ 08054
City, State and Zip Code

wayne.todd@fe-na.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wayne S. Todd — 856 — 780-5658
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. Forensic Consultants of North America, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. ______________________________
(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.")

3. State of New Jersey
(Jurisdiction under the law of which foreign limited liability company is organized)

4. 27-3066804
(FEI number, if applicable)

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

6. 520 Fellowship Road
Suite E-504
Mount Laurel, NJ 08054
(Street Address of Principal Office)

7. 520 Fellowship Road
Suite E-504
Mount Laurel, NJ 08054
(Mailing Address)

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

Name: Timothy R. O'Brien

Office Address: 16149 Cape Coral Drive

Wimauma, Florida 33598
(City) (Zip code)

Registered agent's acceptance:

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 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.

Timothy R. O'Brien
(Registered agent's signature)

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
LLC Member	William Allman 202 Quay Court Palmyra, NJ 08065		

(Use attachments if necessary)

10. 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.)

11. 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.

(Signature of authorized person)

William Allman
(Typed or printed name of signee)

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

FORENSIC CONSULTANTS OF NORTH AMERICA, LLC
0600362101

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on July 16, 2010.

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 office are:

JODY DEMARCO
520 FELLOWSHIP ROAD
STE. E-504
MT. LAUREL, NJ 08054

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 23rd day of October, 2017

Ford M. Scudder
Acting State Treasurer

Certificate Number : 6083455836

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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