

MI7000009231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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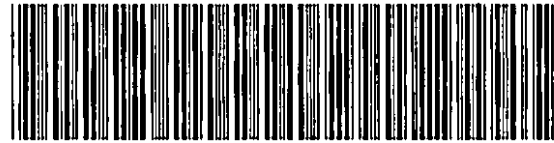
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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 Liaison 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@fc-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

at

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 622
Tallahassee, FL 32311

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2601 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$150.00 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 605.002, 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. Same unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name may include "Limited Liability Company," "L.L.C.," or "LLC."

3. State of New Jersey

27-3066814

(Jurisdiction under the law of which foreign limited liability company is organized)

(LL number, if applicable)

4. N/A

(Date first transacted business in Florida, prior to registration.
(See sections 605.002 & 605.005, F.S., to determine penalty, if any.)

5. 520 Fellowship Road

6. 520 Fellowship Road

(Street Address of Principal Office)

(Street Address)

Suite E-504

Suite E-504

Mount Laurel, NJ 08054

Mount Laurel, NJ 08054

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

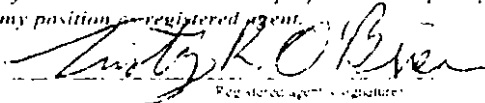
Name Timothy R. O'Brien

Office Address 16149 Cape Coral Drive

Wimauma, Florida 33598

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.


Registered agent's signature

8. 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

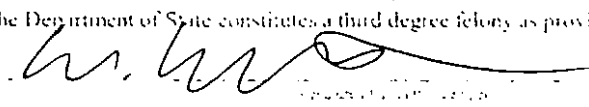
William Alliman

202 Quay Court
Palmyra, NJ 08055

(1) See attachments (if necessary)

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)

10. 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.


William Alliman

(Print or printed name of signer)

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

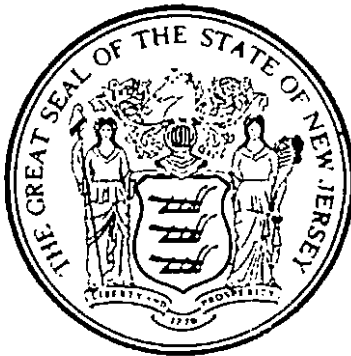
FORENSIC CONSULTANTS OF NORTH AMERICA, LLC
0600362101

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

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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