

M22000001425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W22-3518

Office Use Only



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01/07/22--01004--030 **125.00

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JAN 12 2021
AM 8:22
CLERK OF DISTRICT COURT
STATE OF FLORIDA

S. HAWKES

JAN - 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2022

GARY L BELL
3201 RIDGELAKE DRIVE
METAIRIE, LA 70002

SUBJECT: U.S. FORENSIC LLC
Ref. Number: W22000003518

We have received your document for U.S. FORENSIC LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 422A00000824



December 23, 2021

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

RE: U.S. Forensic LLC Foreign Entity Permissions

To Whom It May Concern:

Please accept this letter as indication of the consent of U.S. Forensic LLC (Florida Domestic Entity) to allow for registration of U.S. Forensic LLC (as a Foreign Entity) in the name of U.S. Forensic for use in the State of Florida.

We appreciate your understanding and cooperation with this process. If you have any questions or concerns, please feel free to contact of office at 888-873-0012 or Gary Bell directly at 504-210-8888.

Respectfully,

U. S. Forensic LLC

Gary L. Bell
Managing Partner - U.S. Forensic

Atlanta
Baltimore
Boston
Chicago
Dallas
Denver
Detroit
Houston
Los Angeles
Miami
Minneapolis
New York City
Orlando
Philadelphia
Portland
San Francisco
Seattle
Tampa
Washington DC
Wichita

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: U.S. Forensic 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:

Gary L. Bell

Name of Person

U.S. Forensic LLC

Firm/Company

3201 Ridgelake Drive

Address

Metairie, Louisiana 70002

City/State and Zip Code

gary.bell@usforensic.com

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

For further information concerning this matter, please call:

Gary Bell

504

715-7364

Name of Contact Person

at (_____) _____
Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. U.S. Forensic LLC U.S. FORENSIC FLORIDA, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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. Louisiana 3. 20-5636923
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 15, 2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3201 Ridgelake Drive 6. 3201 Ridgelake Drive
(Street Address of Principal Office) (Mailing Address)
Metairie, Louisiana 70002 Metairie, Louisiana 70002

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

Name: Michael Holden

Office Address: 159 Sabal Palm Drive

Longwood, Florida 32779
(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.


(Registered agent's signature)

RECEIVED
STATE
JAN 29 AM 8:22
TALLAHASSEE, FL

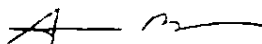
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Gary Bell	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 3201 Ridgelake Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Metairie, LA 70002	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: William Janowsky, Jr.	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 3201 Ridgelake Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Metairie, LA 70002	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Michael DeHarde	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 3201 Ridgelake Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Metairie, LA 70002	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

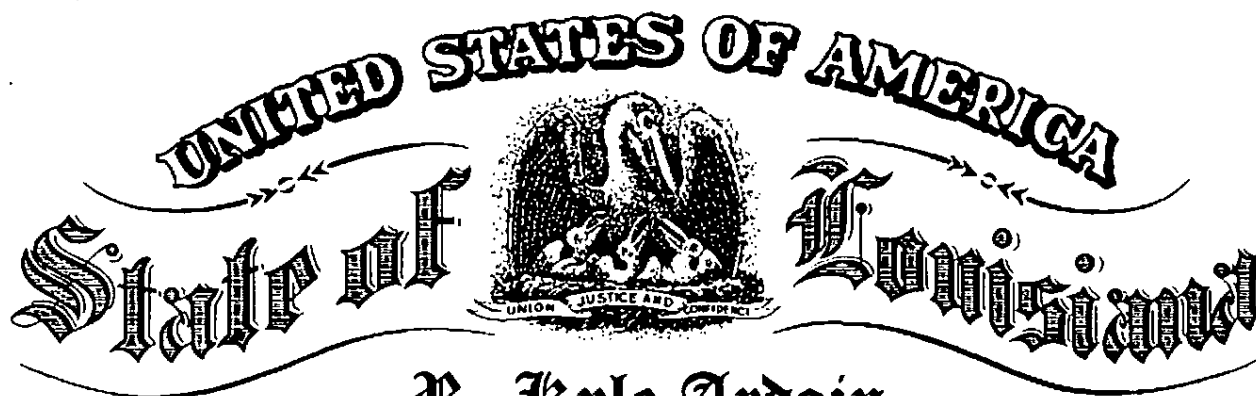
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Gary L. Bell

Typed or printed name of signer



R. Kyle Ardoin

SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

U. S. FORENSIC LLC

A limited liability company domiciled in METAIRIE, LOUISIANA,

Filed charter and qualified to do business in this State on October 05, 2006,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 17, 2021



R. Kyle Ardoin

Secretary of State

Web 36284943K

Certificate ID: 11486422#4CF52

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov