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Elaine N. Walker, Secretary of State
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1. The entity is a : [✓] profit corporation (KRS 271B). [ ] nonprofit corporation (KRS 273). [ ] professional service corporation (KRS 274).
[ ] business trust (KRS 386). [ ] limited liability company (KRS 275). [ ] professional limited liability company (KRS 275).
[ ] limited partnership (KRS 362).

2. The name of the entity is Tri-Tech Forensics, Inc.
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Delaware

5. The date of organization is 11/03/2008 and the period of duration is _____
(If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is

4019 Executive Park Blvd. SE	Southport	NC	28461
Street Address	City	State	Zip Code

7. The street address of the entity's registered office in Kentucky is

828 Lane Allen Road, Suite 219	Lexington	KY	40504
Street Address (No P.O. Box Numbers)	City	State	Zip Code

and the name of the registered agent at that office is InCorp Services, Inc.

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Street or P.O. Box	City	State	Zip Code
Michael Monteleone	66 Leonard Street, Apt 5E	New York	NY	10013
James Cesare	252 7th Ave, Apt 6P	New York	NY	10001

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: [ ]

12. This application will be effective upon filing, unless a delayed effective date and/or time is provided.
The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

Eric A. Barton	Eric A. Barton	10/25/2011
Signature of Authorized Representative	Printed Name & Title	Date

I, InCorp Services, Inc., consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

Josie A. Sorensen on behalf of InCorp Services, Inc.	Josie A. Sorensen	Authorized Person	10/25/2011
Signature of Registered Agent	Printed Name	Title	Date

(04/11)