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Certificate of Authority

FOREIGN Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

for that purpose submits the following statement:					
The name of the corporation is:					
LAB CONSULTING PARTNERSHIP INC.					
2. It is incorporated under the laws of: DELAW	ARE				
3. The name, if different, which it elects to use in R	hođe Island is:				
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation there above corporate endings for use in Rhode Island:					
(b) If the corporate name is not available in Rhode corporation will qualify and transact business in Rhifiled with this application:					
4. The date of its incorporation is: 07/27/2011					
And the period of its duration is: CHECK ONLY ON Perpetual (on-going)	VE BOX				
Date certain for dissolution					
5. The address of its principal office is:					
1502 AUGUSTA DR STE 200 HOUSTON, TX 77057					
6. The name and address of the initial registered ag	gent/office of in Rhode Island:				
Agent Name PARASEARCH, INC.		•			
Street Address (<u>NOT</u> a P.O. Box) 222 JEFFERSON BLVD.					
City/Town WARWICK	State RHODE ISLAND	Zip Code 02888			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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By # 279091

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:						
Management Consulting, Process Re-Engineering						
8. (a) The names and restate or country of which		directors (c	ptional, unless dir	ectors are required under the laws of the		
NAME			ADDRESS			
		·				
	•	Check the box to indicate an attachment,				
8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):						
OFFICE	NAME		ADDRESS			
PRESIDENT	WILLIAM HEITMAN		1502 AUGUSTA DR STE 200 HOUSTON, TX 77057			
VICE PRESIDENT	N/A					
TREASURER	CHRISTOPHER WILDS		152622 OYSTER COVE DR SUGARLAND, TX 77478			
SECRETARY	CHRISTOPHER WILDS		152622 OYSTER COVE DR SUGARLAND, TX 77478			
				Check the box to indicate an attachment.		
The aggregate number par value, and series, if		uthority to is	ssue; itemized by	classes, par value of shares, shares without		
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE		
42,500	common	NA		\$0.001 per share		
•						
,						
			· · · · · · · · · · · · · · · · · · ·			
	lars, the value of all prope			llars, the value of the corporation's property		
located:		o be located withi	n Rhode Island during the following year:			
\$_153,003			\$ <u> </u>			
(c) Estimate, as a percentage , the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. <i>Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.</i>						
0%	TOURION PTOTO. DIVINO (10	~, ~, (10a) i	and munipiy by 10	o to obtain the persontage.		

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.		ross amount of business to be at or from places of business in wing year.			
€ 16 million	_{\$} 1,104,784				
a	Ф				
1					
(c) Estimate, as a percentage, the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.					
%					
12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document.					
13. Date when the Certificate of Authority will be effective: CHECK ONLY ONE BOX					
✓ Date received (Upon filing)					
Later effective date (Date must be no more than 90 days from the day of filing)					
Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.					
Type or Print Name of Authorized Officer		Date			
WILLIAM F. HEITMAN		07/05/16			
Signature of Authorized Officer of the Corporation					
William T Heitmon SIGN DOCUMENT HERE					

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LAB CONSULTING PARTNERSHIP, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JULY, A.D.

2016.

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Jolfrey W. Bullock, Secretary o

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SR# 20164865456

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202640041

Date: 07-12-16

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

