CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

							1011			
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE ONLY					
1	ume of business entity filing form, and the city, state and country of the business entity's place			ntity's place	CERTIFICATION OF FILING Certificate Number:					
_	of business.	is only, state and country of the business charty's place			2024-1179959					
	orensic Technology Inc. argo, FL United States					Date Filed:				
2	Name of governmental entity or state agency that is a p	y that is a party to the contract for which the form is				06/25/2024				
	peing filed. Dity of Round Rock				Date Acknowledged:					
3	Provide the identification number used by the government description of the services, goods, or other property to	track or identify ct.	the co	ontract, and prov	vide a					
	0000	a plua five	ro additional voors a	f CafaCuard W	orront	,				
	NIBIN Cartridge Cases Acquisition & Triage Package, plus five additional years of SafeGuard Warranty.									
4	Name of Interested Party	City, State, Country (place of busin			ess)	Nature of interest (check applicable)				
	•		, , , , , , , , , , , , , , , , , , , ,			Controlling	Intermediary			
_										
5	Check only if there is NO Interested Party.									
6	UNSWORN DECLARATION									
	My name isAlvaro Venegas			, and my date of	birth is					
	My address is 7975 114th Avenue N., Suite 2500		, Largo	, FL	,	33773	, USA .			
	(street)		(city)	, <u>FL</u> (s	tate)	(zip code)	(country)			
I declare under penalty of perjury that the foregoing is true and correct.										
	Executed in Pinellas	County	, State of Florida	, on the	25th d	lay of <u>June</u>	, 20 <u>_24</u> .			
						(month)	(year)			
Strano Vinegus										
	Signature of authorized agent of contracting business entity (Declarant)									

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FORM **1295**

1 of 1

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1	Name of business entity filing form, and the city, state and count	-	CERTIFICATION OF FILING Certificate Number:							
	of business.	ess.								
	Forensic Technology Inc.	Data Filadi								
2	Largo, FL United States Name of governmental entity or state agency that is a party to the	Date Filed: 06/25/2024								
_	being filed.									
	City of Round Rock		Date Acknowledged: 06/26/2024							
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided		y the c	ontract, and prov	vide a					
	0000 NIBIN Cartridge Cases Acquisition & Triage Package, plus fiv	re additional years of SafeGuard W	arrant/	ty.						
4				Nature of interest						
	Name of Interested Party	City, State, Country (place of busine		(check applicable)						
				Controlling	Intermediary					
5	Check only if there is NO Interested Party.									
6	UNSWORN DECLARATION									
	My name is	is, and my date of birth is								
	My address is(street)	(city) (s	tate)	(zip code)	(country)					
		· ·			•					
I declare under penalty of perjury that the foregoing is true and correct.										
	Executed inCounty	y, State of . on the		day of	, 20 .					
				(month)	(year)					
	Signature of authorized agent of contracting business entity (Declarant)									