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(Requestor's Name)
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PICK-UP WAIT MAIL
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	04/23/2019		
	Merritt Walker		
	#:1073393		
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Artice Ame Chai Rein Con Diss Ficti	eles of Incorporation/Authorizat endment nge of Agent estatement version	ion to Transact Business	57.23 A 2:10
Authorized	Amount: <b>\$7</b> 0		
Signature:	un)		

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	04/23/2019		
	Merritt Walker		
Reference #	1073393	<del></del>	
		DOUCT TESTING US INC.	
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Othe	r		
Authorized A	Amount: \$70		
Signature: _	uu)		

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

· ·	(Date first transacted business in Flor	47-3102434 (FEI number, if applicable (Date of duration, if other than pe	
, , , , , , , , , , , , , , , , , , ,	2/10/2015 5		
(Date o	f incorporation)  (Date first transacted business in Flor	(Date of duration, if other than pe	
	(Date first transacted business in Flor	•	rpetual)
			•
	(SEE SECTIONS 607.1501 & 607.1502, P		
	2425 New Holland Pike, Land	caster, PA 17601	2월 1일 1일 1일
-	(Principal of	ice address)	در
	(Current mailing add	lress, if different)	- <u> </u>
Name and stance	-dd of Florida sociatored accents (B.O. Ba	» NOT gegentable)	
Name and street:	address of Florida registered agent: (P.O. Bo COGENCY GLOBAL INC.	x <u>NOT</u> acceptable)	2:10
fice Address:	115 North Calhoun Street, Suite 4		
	Tallahassee	Florida 32301	
•	(City)	(Zip code)	
Registered agen	(City)  t's acceptance: i as registered agent and to accept service of  pplication, I hereby accept the appointment  nply with the provisions of all statutes relati	process for the above stated corp as registered agent and agree to a	ict in i

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS				
Chairman:	Guido de Santis		, .	
Address:	2425 New Holland Dike			
	Lancaster, PA 17601			
Vice Chairman:	·			,
Address:		<del></del> -	, <del></del>	
Director:	Ralf Fassbender			
Address:	2426 New Weiland Dike			
	Lancaster, PA 17601			
Director:				
_	·			
		1	193	
B. OFFICERS			- <u>~</u>	
President:	Guido de Santis		?	
Address:	2/25 Now Holland Piko			\ \frac{1}{2}
	Lancaster, PA 17601		, 2	' <b>-</b> -
Address:			· ·	
			· .	_
Secretary:	Travis Powell			
Address:	2425 New Holland Pike, Lancaster, PA 17601 /			<u> </u>
Treasurer:	Raif Fassbender			
Address:	2425 New Holland Pike, Lancaster, PA 17601		<u>.</u>	
NOTE: If necessary, yo	u may attach an addentism to the application listing additional officers	and/or d	irectors.	
The officer or director si are true and that he or sh	Signature of Director or Officer gning this document (and who is listed in number 11 above) affirms the e is aware that false information submitted in a document to the Depart provided for in s.817.155, F.S.  Rolf Facebander, Transpurer	at the fac ment of	ts stated he State const	erein . litutes

## **Delaware**

## The First State

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

DELAWARE, DO HEREBY CERTIFY "EUROFINS PRODUCT TESTING US 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 TWENTY-THIRD DAY OF APRIL,

A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EUROFINS PRODUCT TESTING US INC." WAS INCORPORATED ON THE TENTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Author Nr. Sudiant Secretary of State

Authentication: 202691499

Date: 04-23-19

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