Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: |  |  |
|-------|----------|--|--|
|       |          |  |  |

## FOREIGN PROFIT/NONPROFIT CORPORATION

## Urschel Laboratories, Inc.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 05      |
| Estimated Charge      | \$78.75 |

114 DE MIL 16

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K. SALY

JAN 3 1 2026

## 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. Urschel Laboratories, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) DE (State or country under the law of which it is incorporated) 2. (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1200 Cutting Edge Dr. Chesterton, Indiana 46304 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation. 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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

C T Corporation System

duties, and I am familiar with and accept the obligations of my position as registered agent.

| Ву: | 7атту | 7ofteroo | Tammy Tofteroo Vice President  |
|-----|-------|----------|--------------------------------|
|     |       |          | (Registered agent's signature) |

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.

|   | FILEL                                     |
|---|---|
| 11. Names and business addresses of officers and/or directors:  | - MELLANO PAIS                            |
| A. DIRECTORS  | - SAN 30 FAID.                            |
| Robert, R. Urschel  | MILAHAR                                   |
| 1200 Cutting Edge Dr. Chesterton, Indiana 46304<br>ddress:  | $\mathcal{F}(\widetilde{g}_{RT})$         |
| ce Chairman;  |   |
| ddress:   |   |
| Patrick C. Urschel rector:  |   |
| 1200 Cutting Edge Dr, Chesterton, Indiana 46304<br>Idress:  |   |
| Rob Thorgren  |   |
| 1200 Cutting Edge Dr, Chesterton, Indiana 46304<br>dress:   |   |
| OFFICERS  Patrick C. Urschet sident:  |   |
| 1200 Cutting Edge Dr, Chesterton, Indiana 46304 tress:  |   |
| e President:  |   |
| dress:  |   |
| James E. Keilman  |   |
| 1200 Cutting Edge Dr. Chesterton, Indiana 46304<br>lress:   |   |
| dress:  |   |
| OTE: If necessary, you may attach an addendum to the application listing add  | ditional officers and/or directors.       |
| the officer or director signing this document (and who is listed in number 11 about that he or she is aware that false information submitted in a docume hird degree felony as provided for in s.817.155, F.S.  Daniel D. Marchetti | ove) affirms that the facts stated herein |
| (Typed or printed name and capacity of person signing   | application)                              |

Additional officer and directors

Allen D. Kurfman, COO

1200 Cutting Edge Dr,

Chesterton, Indiana 46304

Directors:

Rob Thorgren

1200 Cutting Edge Dr,

Chesterton, Indiana 46304



## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "URSCHEL LABORATORIES, 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-SEVENTH DAY OF JANUARY, A.D.

2020.

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

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

JAN 30 PM I2: 40

Authentication: 202266098

Date: 01-27-20

5976379 8300 SR# 20200579808

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