

TO: Registration Section
Division of Corporations

500005044715--5

-03/06/02--01014--001

SUBJECT: Kendro Laboratory Products, Inc.

(Name of corporation - must include suffix)

******78.75 ******78.75

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:	
TAX Dept- Denise	
(Name of Person)	
Kendro Laboratory Products, (Firm/Company)	Inc 4/
700 TerracePt. Dr.	1/1/02
(Address)	P 1 105
Muskegon, Mi 49443	JS M
(City/State and Zip code)	
For further information concerning this matter, please call:	FILED ST JARY OF ST JE CORPORI
Name of Person) at (231) 724-5803 (Area Code & Daytime Telephone Number)	S: 53

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

\$78.75 Filing Fee & Certificate of Status

□ \$78.75 Filing Fee & Certified Copy

☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



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.

1. Kendro Labor	atory Products, Inc.		
words or abbre		ATED", "COMPANY", "CORPORATION" or arly indicate that it is a corporation instead of a at present.)	
2. Delaware		3. 56-2056464	
(State or coun	try under the law of which it is incorporated)	(FEI number, if applicable)	
4. 07/23/2001	-	5. Perpetual	
	te of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6. Upon go	nalification		
(Date first trans	acted business in Florida. If corporation has (SEE SECTIONS 607.15	not transacted business in Florida, insert "upon qualification.") 501, 607.1502 and 817.155, F.S.)	
7. <u>700 Тептасе Ре</u>	oint Dr., Muskegon, MI 49443		
	(Principal office a	address)	
same		9	7
	(Current mailing a	address)	38
Manufacturer	of ultra low temperature freezers, refrigerator	s and CO2 inclidators.	
(Purpose	e(s) of corporation authorized in home state or	r country to be carried out in state of Florida)	
9. Name and st	reet address of Florida registered agen	at: (P.O. Box or Mail Drop Box NOT acceptable)	JF STA
Name:	C T Corporation System	53	'n
Office Address:	1200 South Pine Island Road	υ. 	- -
	Plantation	Florida 33324	
	(City)	, Florida 33324 (Zip code)	
Having been na designated in th further agree to	is application, I hereby accept the appoi	ervice of process for the above stated corporation at the place intment as registered agent and agree to act in this capacity are relative to the proper and complete performance of my so of my position as registered agent. Jennifer L. Gollbach Asst. Secretary	
Ву:	July		
	(Registered agent'	e eignature)	

11. 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.

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

A: DIRECTORS SEE ATTACHMENT		
Chairman:		
Address:		 :
	-	· · ·
Vice Chairman:		
Address:		
Director:		
Address:		
	02	A ID
Director:	HAR.	-56 92 92
Address:	5	- 2
	PH	200 200 200 200 200 200 200 200 200 200
B. OFFICERS SEE ATTACHMENT	င္မာ	OF STA
President: Dennis Pope	ÇÇ. CJI	
Address: Too Terrace Pt. Dr.		
Muskegon, Mi 49443		
Vice President: Arthur R. Cross		
Address: 700 Terrace Point Dr.		
Muskegon, MI 49443		
Secretary: Christopher J. Kearney		
Address: 700 Terrace Point Dr. Muskegon, MI 49443		
Treasurer: Patrick J. O'Leary		
Address: 700 Terrace Point Dr. Muskegon, MI 49443		~
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or dir		
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applicant	tion)	
14. Batricks. O'Clary VP\Treasures\Div. (Typed or printed name and capacity of person signing application)		

Attachment to Florida

Application By Foreign Corporation for Authorization to Transact Business In Florida

Officers & Directors

1. Full Name:
Officer/Director:
Officer's Title:

Business Address:

City: State: ZIP Code:

2. Full Name:

Officer/Director:
Officer's Title:

Business Address:

City: State: ZIP Code:

3. Full Name:

Officer/Director:
Officer's Title:

Business Address:

City: State: ZIP Code:

4. Full Name:

Officer/Director: Officer's Title:

Business Address:

City: State: ZIP Code:

5. Full Name:

Officer/Director:
Officer's Title:

Business Address: City:

State: ZIP Code:

Arthur R. Cross Officer, Director Vice President

700 Terrace Point Dr.

Muskegon MI 49443

Christopher J. Kearney

Officer, Director Secretary/VP

700 Terrace Point Dr.

Muskegon MI 49443

Patrick J. O'Leary Officer, Director Treasurer/VP

700 Terrace Point Dr.

Muskegon MI 49443

Jane E. Playter

Officer

Ass't Secretary

700 Terrace Point Dr. Muskegon

Muske MI 49443

Catherine L. Sias

Officer Ass't Secretary

700 Terrace Point Dr.

Muskegon

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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KENDRO LABORATORY PRODUCTS, 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 TENTH DAY OF JANUARY, A.D. 2002.

DIVISION OF CORPORATIONS

02 MAR - 5 PM 3: 53



Darriet Smith Windson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1552801

020005247

DATE: 01-10-02

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