

Florida Department of State **Division of Corporations Electronic Filing Cover Sheet**

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Electronic Filing Menu Corporate Filing Menu Help

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H11000305121 3

COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT:

Eurofins Microbiology Laboratories, inc. Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" 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:

Bi	l Thurman				
N	ame of Person				
Eurofi	ns NSC US, Inc.		T AT		
Fir	m/Company		NE	DEC	
2200 Rittenh	ouse Street Ste. 175		T.S.T.	်: ယ	· · ·
	Address		SEI	-30	
Des Moines	IA	50321		P	
City	/State and Zip code		10		-
bilithurmat	n@eurofinsus.com		RID	···	
E-mail address: (to b	e used for future annual repor	t notification)	10,000		
			•		

For further information concerning this matter, please call:

Bill Thurman at (__515_)___362-5903 Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS: New Filing Soction Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS: New Filing 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

H11000305121 3

H11000305121 3

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.

Eurofine Microbiology Laboratories, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co.," or "Corp.")

	Maryland	3.	52-1632092	
State or country i	under the law of which it is incor	porated)	(FEI number, if applicable)	
	05/31/1989	5	Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
		January 1,		
	(Date first transact		Toride, if prior to registration) 2, F.S., to determine penalty liability)	
2200 Rittenho	use Street Ste. 150 Des Mol	nes, IA 5032	· · · · · · · · · · · · · · · · · · ·	
	(Princi)	al office addre	s)	
2200 Rittenho	use Street Ste. 150 Des Mol	ines, IA 50321	Ξ .0-	<u></u>
· · · ·	•	t mailing addre	s)	
small lab,	/sales		ARE	DE
				í.
(Purpose(s	 of corporation authorized in ho 	me stata or cou	try to be carried out in state of Florida) \int_{1}^{22}	30
Name and stree	at address of Florida registered	lagent: (P.O.	Box <u>NOT</u> acceptable)	РМ
Name:	National Corporate Res	earch, Ltd., In	c. QR	
ffice Address:	515 East Park A	venue		44
	Tallahasse	£	, Fiorida32301	
	(City)		(Zip code)	

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

National Corporate Recearch, Ltd., Inc. (Registered agent's signature)

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.

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12. Names and bu	siness addresses of officers and/or directors:			
A. DIRECTORS				
Chairman:	Michael Russell	<u> </u>		•
Address:	_			-
<u></u>				-
Vice Chairman:				-
Address:	······································			-
•••••••				-
Director:	Ralf Fassbender			-
Address:	2200 Rittenhouse Street Ste. 175 Des Moines, IA 50321			-
		···· ==		-
Director:	Marc Scantlin			-
Address:	2200 Rittenhouse Street Ste. 175 Des Molnes, IA 50321			-
	·		<u> </u>	_
B. OFFICERS				
President:	Marc Scantiln		<u></u>	_
Address:	2200 Rittenhouse Street Ste. 150 Des Molnes, IA 50321		<u></u>	بتتريند =
				- 🚔
Vice President:		- <u>19</u> -		شا-
Address:		- <u>E</u> %	PH	0
			 +	-
Secretary:	Raif Fassbender			-
	enhouse Street Ste. 175 Des Molnes, IA 50321	<u></u>		-
Treasurer:	Bill Thurman		<u></u>	-
Address: 2200 Ritte	nhouse Street Ste. 175 Des Molnes, IA 50321			_
NOTE: If necessa	may attach an addendum to the application listing additional officers and/or	directors.		
13.	Signature of Director or Officer	<u> </u>		_
ore true and that he	ctor signing this document (and who is listed in number 12 above) affirms that the f s or she is aware that false information submitted in a document to the Department of a s provided for in s.817.155, F.S.	acts stated he of State const	ercin itutes e	1
14	Bill Thurman Secret	iny		
	(Typed or printed name and capacity of person signing application)			

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*Katie Wonsch NRAI850-224-1640

