F18000004665

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAŁ.COM

Account#: I20000000088

Date:10/	11/2018	
Name:	Merritt Walker	_
	B108044	_
		EMISTRY TESTING US, INC.
✓ Articles of	Incorporation/Authorization	to Transact Business
☐ Amendme	nt	
☐ Change of	Agent	
Reinstater	nent	* full second *
☐ Conversio	n	
☐ Merger		
Dissolution	n/Withdrawal	
☐ Fictitious N	Name	
Other		
•		
Authorized Amou	nt:\$70	
Signature:	uw	

F: +852.2682.9790

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.

	EUROFINS FOOD CHEMISTRY TESTING US, INC.					
	rporation; must include "INCORPORA rp," "Inc," "Co," or "Corp.")	TED," "CO	MPANY," "CORPORATION,"			
(If name unavailab	ple in Florida, enter alternate corporate	name adonte	d for the purpose of transacting busing	ess in Florida)		
(11 Maile distribution	MISCONGIN	3	92.0706066			
(State or country under the law of which it is inco		cd)	(FEI number, if applicable	:)		
		5	09/24/2018			
(Date o	of incorporation)		(Date of duration, if other than pe	rpetual)		
	UP	ON FILING	à			
			da, if prior to registration) S., to determine penalty liability)			
	3301 KINSMAN B	LVÐ MADI	SON WI 53704			
	(Principal offi	ce address)			
	2425 NEW HOLLAND	PIKE LAN	CASTER PA 17601	R		
	(Curren	t mailing add:	ess, if different)	007		
Name and street	address of Florida registered agen	t: (P.O. Bo)	NOT acceptable)	<u> </u>		
Name:	COGENCY GLOBAL I	NC.		<u>D*</u>		
fice Address:	115 North Calhoun Street,	Suite 4		э. 10		
	Tallahassee		, Florida <u>32301</u>			
	(City)		(Zip code)			

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

MCCYCLE Short A Cibbs AST Sec (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.

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

A. DIRECTORS			
Chairman:	ROSS GULOTTA		
Address:	3301 KINSMAN BLVD		
	MADISON WI 53704		<u> </u>
Vice Chairman:			
Address:			
	CCAN MUDDAY	99	± 50€ 5€
Director:	SEAN MURRAY	<u></u>	三 <u>()</u> 三()
Address:		<u> </u>	
	DES MOINES IA 50321	ហ	ت ۲-:-
Director:	·	至至	
Address:		بب -	
B. OFFICERS			
President:	ROSS GULOTTA		
Address:	3301 KINSMAN BLVD		
<u> </u>	MADISON WI 53704		
Vice President:			
Address:			
Secretary:	DAN DICKINSON		
Address:	2200 RITTENHOUSE STREET SUITE 175, DES MOINES IA 50	321	
Treasurer:	RALF FASSBENDER		
Address:	2425 NEW HOLLAND PIKE LANCASTER PA 17601		
NOTE: If necessar	y, you may attach an addendum to the application listing additional officers and/o	or directors.	
12.			
are true and that he	Signature of Director or Officer tor signing this document (and who is listed in number 11 above) affirms that the or she is aware that false information submitted in a document to the Department y as provided for in s.817.155, F.S.	facts stated he of State const	rein itutes
13	RALF FASSBENDER - TREASURER		
	(Typed or printed name and capacity of person signing application)		

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

EUROFINS FOOD CHEMISTRY TESTING US, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is September 24, 2018.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution.

SEURI JANY 01 - 1-10

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on September 27, 2018.

Financial Pinancial Pinanc

MARY ANN MCCOSHEN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

228665-8F2AAD5D