·
(Requestor's Name)
(Address)
(Address)
(Address)
·
(City/State/Zip/Phone #)
, , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodiness (Vallaces)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200323368672

JAN 1 7 2019 S. YOUNG



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

Account#: 120000000088

Date:	01/16/201	9	
	Merritt		
	<u>. </u>		
			BIOLOGY LABORATORIES, INC.
✓ Article	es of Incorpor	ation/Authoriz	zation to Transact Business
☐ Amer	ndment		
☐ Chan	ge of Agent		* Jule second*
Reins	statement		9000 0,000 0.00
☐ Conv	ersion		
☐ Merg	er		
☐ Disso	olution/Withdra	awal	
☐ Fictiti	ous Name		
Other	r		
Authorized A	Amount:	\$10	
Signature:		ww	

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.	Eurofins Microbiology La	boratories, Inc.	
	rporation; must include "INCORPORATED," "Crp," "Inc," "Co," or "Corp.")	OMPANY," "CORPORATION,"	
(If name unavailal	ble in Florida, enter alternate corporate name adop	oted for the purpose of transacting bu	siness in Florida)
2	Delaware 3.		
(State or country	Delaware 3	(FEI number, if applica	ıble)
4	12/12/2018 5	(Date of duration, if other than	
(Date	of incorporation)	(Date of duration, if other than	perpetual)
6			
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,		
7	2425 New Holland Pike, Suite D-2	15, Lancaster, PA 17601	
·	(Principal o	ffice address)	
	(Current mailing ac	ldress, if different)	
8. Name and street	address of Florida registered agent: (P.O. B	ox NOT acceptable)	ALC:
Name:	COGENCY GLOBAL INC.	_	
Office Address:	115 North Calhoun Street, Suite 4	_	16 L
	Tallahassee	. Florida 32301	至 三
	(City)	, Florida 32301 (Zip code)	g:: 🦃
9. Registered age	nt's accentance:		23 U.A
	ed as registered agent and to accept service of	of process for the above stated co	rporation at the place
designated in this	application, I hereby accept the appointmen	t as registered agent and agree t	o act in this capacity. I
	emply with the provisions of all statutes relai smiliar with and accept the obligations of m		erjormance of my
		, , , , , , , , , , , , , , , , , , , ,	
	1011191		
	Il While		_
	(Registered agen	it'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:	David Bryant
Address:	2425 New Holland Pike, Lancaster, PA 17601
Vice Chairman:	
Address:	
Director:	Ralf Fassbender
Address:	2425 New Holland Pike, Lancaster, PA 17601
Director:	Sean Murray
Address:	2200 Rittenhouse Street, Suite 175, Des Moines, IA 50321
B. OFFICERS	
President:	Sean Murray
Address:	COOR Division on Charact Critic 475, Dec Maines, IA 50304
Vice President:	Mary K. Kroguli
Address:	2200 Rittenhouse Street, Suite 175, Des Moines, IA 50321
Secretary:	Dan Dickinson
Address:	2200 Dittenhouse Street Suite 175, Des Moines, IA 50321
Treasurer:	Ralf Fassbender
Address:	2425 New Holland Pike, Lancaster, PA 17601
NOTE: If necessa	ry, you may attach an addendum to the application listing additional officers and/or directors.
The officer or director are true and that he	Signature of Director or Officer ctor signing this document (and who is listed in number 11 above) affirms that the facts stated herein or she is aware that false information submitted in a document to the Department of State constitutes may as provided for in s.817.155, F.S.
13	Ralf Fassbender, Treasurer
	(Typed or printed name and capacity of person signing application)

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EUROFINS MICROBIOLOGY 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 FOURTH DAY OF

JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EUROFINS MICROBIOLOGY LABORATORIES, INC." WAS INCORPORATED ON THE TWELFTH DAY OF DECEMBER, A.D. 2018.

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

Authentication: 202023143

Date: 01-04-19

7190204 8300 SR# 20190077924