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 : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

73	Address:			
E-RIGHT L	MILLEDD.			

FOREIGN PROFIT/NONPROFIT CORPORATION APOGENT TECHNOLOGIES INC.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

S. PRATEE:

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Corporate Filing Menu

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COVER LETTER

TO:	Registration Section Division of Corporations			
CHIDI	ECT: Apogent Technologies Inc.			
2001	Name of corpo	ration - mu	st include suffix	
Dear 9	Sir or Madam:			
"Certi	nclosed "Application by Foreign Corporation ficate of Existence," or "Certificate of Goo referenced foreign corporation to transact	d Standing	" and check are sub	ct Business in Florida," omitted to register the
Ploase	return all correspondence concerning this	matter to th	e following:	
	Na	me of Perso	on.	
Capi	tol Services - Corporate Filings T	eam		
		n/Company	,	
515	East Park Avenue 2nd Fl			
		Address		
Talla	hassee, FL 32301	State and Z	in ande	
	City/s	Mare auxi 🕶	респе	
	E-mail address: (10 be	used for fu	ture annual report	notification)
For fu	rther information concerning this matter, p	lease call:		
	at (855 \ A	98 - 5500	
		a Code	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ection orporations 7
Enclo	sed is a check for the following amount:			
5 7	0.00 Filing Fee S78.75 Filing Fee & Certificate of Statu		8.75 Filing Fee & rtified 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.	Apogent Te	chnologies Inc.	77. 1	1 WOMBANTY P WONDERD ATTOM P			
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Corp.," "Inc.," "Co," or "Corp.")							
	(If name unavaile	ible in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florid	1)		
2.	Wisconsin		3.				
	(State or country	y under the law of which it is incorporated)	1	(FEI number, if applicable)			
4.	12/09/1993		5.	Perpetual			
	(Date	of incorporation)		(Date of duration, if other than perpetual)			
6,							
				n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
7.	168 Third A	venue, Waltham, MA 02451					
		(Pri	nciţ	oal office address)	2019 HAR		
					_₹		
		(Current mi	uilir	ng address, if different)	20	100 A	
0	Mana and atmosph		(D. (Roy NOT against high	3	i e=r	
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)					垩	1 - t	
	Name:	Capitol Corporate Services,	Inc	<u> </u>	=	£2_	
O	Tice Address:	515 East Park Avenue 2nd F	<u>: </u>		AH II: 07		
		Tallahassee		, Florida <u>32301</u>			
		(City)		(Zip code)			
a	Darrietavad ogs	ent's acceptance:					
H	aving been nam	ed as registered agent and to accept so	ervi	ice of process for the above stated corporation at t	te place	,	
de	signated in this	application, I hereby accept the appointments of all statut.	inti es s	ment as registered agent and agrec to act in this co relative to the proper and complete performance o	pacity. Enn	I	
du	ties, and I am f	amiliar with and accept the obligation	15 Q	f my position as registered agent.	9		
Kim Tadlock, Asst. Secretary on behalf						f	
Kim Tadlock				of Capitol Corporate Services, I			
	_	(Register	red	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 outmess addresses of officers and of discours.	
A. DIRECTORS	
Chainnan: see attached	
Address:	· · · · · · · · · · · · · · · · · · ·
	<u>. </u>
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
	
B. OFFICERS	
President: see attached	
Address:	20
	3 7
Vice President:	70
Address:	υ
	77.0
Secretary:	[7]
Address:	<u></u>
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional office	rs and/or directors.
12. Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) affirms are true and that he or she is aware that false information submitted in a document to the Dep	that the facts stated herein artment of State constitutes
a third degree felony as provided for in s.817.155, F.S.	
13. James E. Bruni, Assistant Secretary (Typed or printed name and capacity of person signing application)	
Calless as become memor and collected to the second of the	

THE BANK SET THE SET		
Sharon S. Briansky	Director	168 Third Avenue, Waltham, MA 02465
Sharon S. Briansky	President	168 Third Avenue, Waltham, MA 02465
Anthony H. Smith	Assistant Secretary	168 Third Avenue, Waltham, MA 02465
Anthony H. Smith	Treasurer	168 Third Avenue, Waltham, MA 02465
James E. Bruni	Assistant Secretary	300 Industry Drive, Pittsburgh, PA 15275
James E. Bruni	Assistant Treasurer	300 Industry Drive, Pittsburgh, PA 15275
Maura A. Spellman	Assistant Treasurer	168 Third Avenue, Waltham, MA 02465
Michael K. Michaud	Assistant Secretary	168 Third Avenue, Waltham, MA 02465
Michael K. Michaud	Assistant Treasurer	168 Third Avenue, Waltham, MA 02465
Sharon S. Briansky	Secretary	168 Third Avenue, Waltham, MA 02465

2019 MAR 13 AM 11: 0

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

APOGENT TECHNOLOGIES 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 December 09, 1993.

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

Pinaacia de la contraction de

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 13, 2019.

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: 240006-CF3875C0