11/18/2019

Division of Corporations

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To:

Division of Corporations

Fax Number : (852)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

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FOREIGN PROFIT/NONPROFIT CORPORATION MULTIVAC, INC.

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| Certificate of Status | υ |
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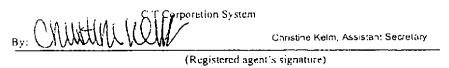
NOV 2 1 2019

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. MULTIVAC, INC. (Enter name of corporation; must include "INCURPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (FEI number, if applicable) _____ 5. ____ (Date of duration, if other than perpetual) (Date of incorporation) May 1, 1991 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 11021 N. POMONA AVENUE, KANSAS CITY, MO 64153 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation,

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.



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.

| Names and business addresses of officers and/or directo | 1.1 | Names and | business | addresses | of officers | and/or director |
|---|-----|-----------|----------|-----------|-------------|-----------------|
|---|-----|-----------|----------|-----------|-------------|-----------------|

| | ECTORS GUIDO SPIX | | |
|--------------------|---|--|-----------------|
| Address: | TIOZI N. POMONA AVENUE | | |
| rtuul 033. | KANSAS CITY, MO 64153 | | |
| Vice Cha | JOHN A BARRETT | | |
| Address: | H021 N. POMONA AVENUE | | |
| , (44, (45), | KANSAS CITY, MO 64153 | | |
| Director: | HANS JOACHIM BOEKSTEGERS | | |
| Address: | 11021 N. POMONA AVENUE | | |
| | KANSAS CITY, NO. 64153 | | - |
| Director | CHRISTIAN TRAUMANN | | |
| Address: | 11021 N. POMONA AVENUE | | <u> </u> |
| . 1001033. | KANSAS CITY, MO 64153 | | |
| B. OFF | MATTHEW MALOUT | 21 | Ð |
| | 11021 N. POMONA AVENUE | <u></u> | |
| Acoress: | KANSAS CITY, MO 64153 | | : |
| Vice Pres | ident: | 0 | - |
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| /\(\text{(G) C33.} | | | |
| Socialists | JOHN A BARRETT | F | |
| - | 11021 N. POMONA AVENUE. KANSAS CITY, MO 64153 | | <u></u> |
| Preasurer | DANNY LEIKER | | |
| | 11021 N. POMONA AVENUE. KANSAS CITY, NO. 64153 | | |
| | If necessary, you may attach an adderdum to the application listing additional officers and | or directors. | |
| 12 | | <u> </u> | _ · |
| are true : | Signature of Director or Officer reer or director signing this document (and who is listed in number 11 above) affirms that the and that he or she is aware that false information submitted in a document to the Department regree felony as provided for in s.817.155, F.S. | facts stated here t of State constitu | ein utes |
| 13. <u>D</u> A | NNY LEIKER TREASURER | | |
| | (Typed or printed name and capacity of person signing application) | | |



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MULTIVAC, 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 SEVENTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

2123394 8300

SR# 20197971849

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203958313

Date: 11-07-19