## F20000004658

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only Oldier Light Holle II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer
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115 N CALHOUN ST., STE. 4 TAPLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	10/22/2020	
Name:		<b></b>
	#:1280213	
Entity Nam	ne: EUROFINS CLINICAL	DIAGNOSTIC US NDSC, INC.
<b>✓</b> Arti	cles of Incorporation/Authorization	n to Transact Business
Am	endment	
☐ Cha	ange of Agent	
☐ Rei	nstatement	
Cor	nversion	
☐ Mer	rger	
☐ Dis	solution/Withdrawal	
☐ Fict	itious Name	
☐ Oth	er	
Authorized Signature:		<del></del>

F: 800.944.6607

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.

1	EUROFINS CLINICAL DIAGN				
(Enter name of co "Inc" "Co.," "Co	orporation: must include "INCORPORATED," orp," "Inc," "Co." or "Corp,")	"COMPANY."	"CORPORATION.		
(If name unavaila	ble in Florida, enter alternate corporate name ac	dopted for the p	urpose of transacting	business in Florida)	
1	DELAWARE 3.		81-3969772		
(State or country under the law of which it is incorporated)			(FEI number, if applicable)		
ł.	9/23/2016 5.		Perpetual	ıal	
	of incorporation)	(Date o	of duration, if other t	han perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150			y)	
	1001 NW Technology Drive, L	ee's Summi	t, MO 64086		
	(Principa	l office address	)		
	(Current mailing	address, if diff	erent)	20 <b>21</b> 3:EC	
. Name and street	t address of Florida registered agent: (P.O.	Box <u>NOT</u> ac	eceptable)	1021 OCT 22 Seckutari Allahasei	
Name:	COGENCY GLOBAL INC.			*1,=	
Office Address:	115 North Calhoun Street, Suite	<del>1</del>			
	Tallahassee	, Florida	32301	स्टू ज	
	(City)	<b>_</b>	(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.

(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.

Chairman:	Annemarie Watson	
Address:	061 NW/Tachnology Drive	
	Lee's Summit, MO 64086	
Vice Chairman:		
Address:		
Director:	David Morgan	
Address:	1001 NIM Tochnology Drive	
	Lee's Summit, MO 64086	
Director:	Matthew G. Urbanek	
	1001 NW Technology Drive	
	Lee's Summit, MO 64086	
B. OFFICERS		
President:	Matthew G. Urbanek	
	1001 NW Technology Drive	
	Lee's Summit, MO 64086	
Vice President:		
Secretary:	Travis Powell	
Address:	2430 New Holland Pike, Lancaster, PA 64086	
Treasurer:	Matthew G. Urbanek	
Address:	1001 NW Technology Drive, Lee's Summit, MO 64086	
NOTE: If necessary,	you may attach an addendum to the application listing additional officers and/or directors.	
	Matthew G. Urbanske Signature of Director or Officer	

(Typed or printed name and capacity of person signing application)

Matthew G. Urbanek

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EUROFINS CLINICAL DIAGNOSTIC US NDSC,

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 TWENTY-SECOND DAY OF

OCTOBER, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EUROFINS

CLINICAL DIAGNOSTIC US NDSC, INC." WAS INCORPORATED ON THE TWENTY
THIRD DAY OF SEPTEMBER, A.D. 2016.

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

Authentication: 203915777

Date: 10-22-20

6161118 8300 SR# 20207973168