21000000966

	(Requestor's Name)				
(Address)					
	(Address)				
	(City/State/Zip/Phone #)				
☐ ЫCK-Л:	MAIL MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer					

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EB 17 FH 2:0

O.F. C.



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 533236 4369445

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE: December 1, 2020

ORDER TIME : 10:47 AM

ORDER NO. : 533236-055

CUSTOMER NO: 4369445

FOREIGN FILINGS

NAME: EPPENDORF HOLDING, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61594

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corpora					
SUBJ	FCT: Eppendorf Ho	lding, Inc.				
5000		Name of corpor	ation - n	nust include suffix		
Dear S	ir or Madam:					
"Certif	icate of Existence," of	by Foreign Corporation "Certificate of Good rporation to transact b	Standin	g" and check are sub		
Please	return all correspond	ence concerning this n	natter to	the following:		
						?
		Nan	ie of Per	son		
		Firm	/Compar	ny		
			·			
			Address			****
		City/St	ate and 2	Zip code		
	Ë	-mail address: (to be t	ised for t	uture annual report n	otification)	
For fur	ther information con-	cerning this matter, plo	ase call:			
Rob Ouellette		860	`	253-3484		
	Name of Person	at (Area	Code	Daytime Teleph	one Number	-
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		tions nassee eet, Suite 810		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please r		following amount: FLORIDA DEPARTM \$78.75 Filing Fee & Certificate of Status	□ \$7	STATE 78.75 Filing Fee & ertified Copy	\$87.50 Filin Certificate of Certified Co	of Status &

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.

Delaware (State or count			ness in Florida)
(State or count)		3. 11-3521426 (FEI number, if applicab	
(Date	of incorporation)	5 (Date of duration, if other than p	erpetual)
	(Date first transacted by	business in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability)	
175 Freshwater F	Blvd. Enfield, CT 06082		
		ncipal office street address)	
			31
	/Cu		
	(Curr	ent mailing address, if different)	••
Name and stree	et <u>address</u> of Florida registered ag	•	
Name and stree		•	
Name:	et address of Florida registered ag	•	
	et address of Florida registered ag Corporation Service Company 1201 Hays Street	ent: (P.O. Box <u>NOT</u> acceptable)	
Name:	et address of Florida registered ag Corporation Service Company 1201 Hays Street	•	

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.

(Registered agent's signature)

A. DIRECTORS Name: Andrew Hauser Joe Ann Smith □ Chairman □Chairman 175 Freshwater Blvd. 175 Freshwater Blvd. Address: _ □Vice Chairman Address: _ □ Vice Chairman Entield, CT 06082 Entield, CT 06082 □ Director □ Director President □ President ■ Vice President ☐ Treasurer □Treasurer □ Secretary □ Secretary □Other _____ ☐ Other ______ □Other ____ Pam Coverdill Name: Matthew Brosnan □ Chairman □ Chairman Address: _____ 175 Freshwater Blvd. □ Vice Chairman Address: □ Vice Chairman Enfield, CT 06082 Enfield, CT 06082 □ Director □ Director □President □ President □ Vice President ■ Vice President □ Secretary ☐ Treasurer ■ Secretary Treasurer □Other _____ □Other _____ □Other ______ □Other _____ Name: Eva Van Pelt Dennis Barger □ Chairman Name: □Chairman Address: 175 Freshwater Blvd. 175 Freshwater Blvd. □Vice Chairman Address: _ □ Vice Chairman Enfield, CT 06082 Enfield, CT 06082 Director ■ Director □ President □ President ☐ Vice President □Vice President ☐Treasurer □ Secretary □ Secretary ☐ Treasurer □Other _____ □Other _____ □ Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Displaily signed by Panels t Corectall DN 1-refuse L Corectall on Eppendorf mobiling Inc. ou. email-coverdal peoppendorf com; (~USDeter 2021 02:16:19:29:27: 05:00" 12. Pamela L Coverdill Signature of Director or Officer The officer or director signing this document (and who is fisted in number 11 above) affirms that the facts stated herein are true and that he or

she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in

Pamela L Coverdill, Treasurer

s.817.155, F.S.

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EPPENDORF HOLDING, 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-FIFTH DAY OF JANUARY, A.D.

2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EPPENDORF HOLDING, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE

BEEN PAID TO DATE.

...

Authentication: 202360483

Jeffrey W. Bullock, Secretary of State

Date: 01-25-21

3132714 8300 SR# 20210213772

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Eppendorf Holding, Inc.			
50150		f corporation	- must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Corficate of Existence," or "Certificate of Existence," or "Certificate of the corporation to transfer ended for eign corporation to the corporation to t	of Good Stan	ding" and check are submitted	
Please	return all correspondence concernir	ng this matter	to the following:	
·		Name of	Person	
		Firm/Com	pany	
		Addre	ess	
		City/State a	nd Zip code	
	E-mail address:	(to be used f	or future annual report notific	ration) ~
For fur	ther information concerning this ma	atter, please c	all:	
Rob O	uellette	860 at (253-3484	: - :
	Name of Person	Area Code	Daytime Telephone	Number
STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		:	MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee. FL 32	n ntions
Please r	ed is a check for the following amore make check payable to: FLORIDA DE .00 Filing Fee	PARTMENT Fee &		\$87.50 Filing Fee, Certificate of Status & Certified Copy