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

Account#: 12000000088

Date:	04/05/2023	
	Chris Vick	
	nce #: 1957154	
Entity 1	Name: EUROFINS BIOPHAR	MA PRODUCT TESTING ENCO, INC.
	Articles of Incorporation/Authoriz	ation to Transact Business
	Amendment	
	Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
\checkmark	Other CEF	
Author Signat	ized Amount: \$78.75 ure:	

 CORPORATE HQ COGENCY GLOBAL INC.
 10 E 40¹⁴ S1, 10¹⁴ FL NY, NY 10016
 D: +1.212.947.7200
 P: 800.221.0102
 F: 800.944.6607 ©EUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENGLAND & WALES. REGISTERY #8010712 6 LLOYDS AVE, UNIT 4CL LONDON EC3N 3AX +44 (0)20.3961.3080 ASIA PACIFIC HQ COGENCY GLOBAL (HK) LIMITED A HONG KONGLIMITED COMPANY UNIT B, I/F, LIPPO LEIGHTON TOWER 103 LEIGHTON RD, CAUSEWAY BAY HONG KONG F: +852.2682.9633 F: +852.2682.9790 1.

DocuSign Envelope ID: 907CC6FA-08C5-448F-A321-66BD875DF1A3 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.

EUROFINS BIOPHARMA PRODUCT TESTING ENCO, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.")

	DE 3.	88-1908246		
(State or country u	nder the law of which it is incorporated)	(FEI number, if applicable)		
	4/5/2022 5.			
(Date of	incorporation)	(Date of duration, if other than perpetual)		
<u> </u>	(Date first transacted business in 1	Inside (foreign to equiptertion)		
	(SEE SECTIONS 607.1501 & 607.150	· •		
	4810 Executive Park Court, Suites 11	0-111, Jacksonville, FL 32216		
	(Principal office	street address)		
		. .	202þ	
	(Current mailing	address, if different)	ALS ALS	
Name and <u>street a</u>	ddress of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	ສີນ - ສີນ - ອີ	
Name:	Cogency Global Inc.			
ce Address:	115 North Calhoun Street, Suite 4		· · ·	
	Tallahassee, Florida	, Florida	c	
-	(City)	(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.

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EChairman	Name:	Timothy Oostdyk	_	Chairman	Name:	Neal Salerno
□Vice Chairman		2425 New Holland Pike		□Vice Chairman	Address:	2425 New Holland Pike
Director		Lancaster, PA 17601	_	Director		Lancaster, PA 17601
Vice President Secretary Other		Treasurer Other		□Vice President □Secretary □Other		 Treasurer Other
Chairman Vice Chairman Director President	Address:	Suites 110 Jacksonville, FL 32216		Chairman Vice Chairman Director President	Address:	Dan Dickinson 2200 Rittenhouse Street Suite 175 Des Moines, IA 50321
Secretary Other	-	Treasurer Other		Other		Treasurer Other
□Chairman □Vice Chairman		Amber Kenyon 343 West Main Street				Justin Dudas 343 West Main Street
 Director President Vice President 		Leola, PA 17540		 Director President Vice President 		Leola, PA 17540
Secretary Other		Treasurer Other		⊡Secretary Tax D ⊡Other	irector	Treasurer Other

DocuSign Envelope ID: 907CC6FA-08C5-448F-A321-66BD875DF1A3 A. DIRECTORS

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.

12.	Z-i d-r	/s/ Rick Camp	
	Signature of Director or Officer		

The officer or director signing this document (and who is listed 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 s.817.155, F.S.

13. ____

Rick Camp, President

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



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EUROFINS BIOPHARMA PRODUCT TESTING ENCO, 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 APRIL, A.D. 2023.

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 BIOPHARMA PRODUCT TESTING ENCO, INC." WAS INCORPORATED ON THE FIFTH DAY OF APRIL, A.D. 2022.

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



Authentication: 203075648 Date: 04-04-23

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