

F2300000D3117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

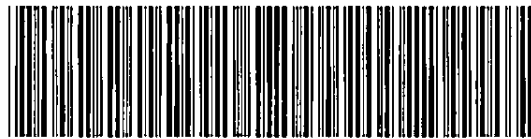
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2023 MAY 25 AM 11:39

2023 MAY 25 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FL

FILED



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Date: **May 25, 2023**

Account#: I200000000088

Name: **Claudia Camilus**

Reference #: **2008881**

Entity Name: **EUROFINS PANLABS, INC.**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

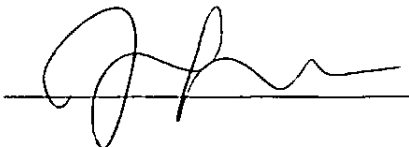
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: **\$ 70.00**

Signature: 



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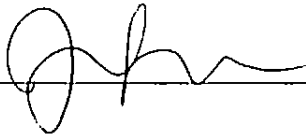
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$ 70.00

Signature: 

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EUROFINS PANLABS, INC.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Bethany Brenner  
Name of Person  
Eurofins NSC US, Inc.  
Firm/Company  
343 West Main St.  
Address  
Leola, PA 17540  
City/State and Zip code  
US\_Legal@eurofins.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bethany Brenner at ( 717 ) 556-3137  
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 ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified 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. EUROFINS PANLABS, INC.  
(Enter name of corporation; must include "INCORPORATED," "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)

2. DE 3. 46-1006817  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/29/2012 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 15 Research Park Drive, St. Charles, MO 63304  
(Principal office street address)  
6 Research Park Drive, St. Charles, MO 63304  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Cogency Global Inc.  
Office Address: 115 North Calhoun Street, Suite 4  
Tallahassee, Florida . Florida 32301  
(City) (Zip code)

**FILED**  
2023 MAY 25 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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.*

Sheryl A. Gibbs

(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: Jacob Bode

☐ Vice Chairman Address: 13715 Rider Trail North

☐ Director \_\_\_\_\_

☒ President St. Louis, MO 63045

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Chairman Name: Christina Shasserre

☐ Vice Chairman Address: 13715 Rider Trail North

☐ Director \_\_\_\_\_

☐ President St. Louis, MO 63045

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Dan Dickinson

☐ Vice Chairman Address: 2200 Rittenhouse St.

☐ Director Suite 150

☐ President Des Moines, IA 50312

☐ Vice President \_\_\_\_\_

☒ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Justin Dudas

☐ Vice Chairman Address: 343 West Main St.

☐ Director \_\_\_\_\_

☐ President Leola, PA 17540

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☒ Other Tax Director ☐ Other \_\_\_\_\_

☐ Chairman Name: Ralf Fassbender

☐ Vice Chairman Address: 2425 New Holland Pike

☒ Director \_\_\_\_\_

☐ President Lancaster, PA 17601

☐ Vice President \_\_\_\_\_

☐ Secretary ☒ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_


☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ 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.

12.   
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. Jacob Bode, President  
(Typed or printed name and capacity of person signing application)

## Certificate Of Completion

Envelope Id: 49CBDF165DB64997B9541E65F3E16B61

Status: Completed

Subject: Complete with DocuSign: Panlabs GA.pdf, Panlabs IN.pdf, Panlabs NC.pdf, Panlabs NM.pdf, Panlabs...

Source Envelope:

Document Pages: 17

Signatures: 6

Envelope Originator:

Certificate Pages: 1

Initials: 0

Veena G

AutoNav: Enabled

343 West Main Street

EnvelopeId Stamping: Enabled

Leola, PA 17601

Time Zone: (UTC+01:00) Amsterdam, Berlin, Bern, Rome, Stockholm, Vienna

CR4J@xoin.eurofinsasia.com

IP Address: 43.247.156.78

## Record Tracking

Status: Original

Holder: Veena G

Location: DocuSign

4/16/2023 4:14:40 PM

CR4J@xoin.eurofinsasia.com

## Signer Events

Jacob Bode

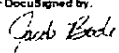
JacobBode@eurofinsUS.com

President, Eurofins Panlabs, Inc.

Eurofins International Support Services SARL

Security Level: Email, Account Authentication (None)

## Signature

DocuSigned by:  
  
EED0028CFFD64CC

Signature Adoption: Uploaded Signature Image

Using IP Address: 174.210.4.104

Signed using mobile

## Timestamp

Sent: 4/16/2023 4:23:34 PM

Resent: 4/17/2023 4:57:43 PM

Resent: 4/25/2023 12:00:52 PM

Resent: 5/1/2023 2:35:43 PM

Resent: 5/16/2023 7:59:36 AM

Viewed: 5/16/2023 2:06:39 PM

Signed: 5/16/2023 2:06:56 PM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

## In Person Signer Events

## Signature

## Timestamp

## Editor Delivery Events

## Status

## Timestamp

## Agent Delivery Events

## Status

## Timestamp

## Intermediary Delivery Events

## Status

## Timestamp

## Certified Delivery Events

## Status

## Timestamp

## Carbon Copy Events

## Status

## Timestamp

## Witness Events

## Signature

## Timestamp

## Notary Events

## Signature

## Timestamp

## Envelope Summary Events

## Status

## Timestamps

Envelope Sent

Hashed/Encrypted

4/16/2023 4:23:34 PM

Certified Delivered

Security Checked

5/16/2023 2:06:39 PM

Signing Complete

Security Checked

5/16/2023 2:06:56 PM

Completed

Security Checked

5/16/2023 2:06:56 PM

## Payment Events

## Status

## Timestamps

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EUROFINS PANLABS, 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-FOURTH DAY OF MAY, 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 PANLABS, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2012.

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



5205642 8300

SR# 20232353512

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203416118

Date: 05-24-23