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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	9
PICK-UP		MAIL
(Bu	siness Entity Name	)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
	Office Use Only	

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			ACCOUNT NO.	:	120000000	195	
			REFERENCE	:	955043	4816118	
			AUTHORIZATION	: -	spre to Se	Ran	
			COST LIMIT	:	\$70.00		
ORDER	DATE	:	August 24, 2023				
ORDER	TIME	:	10:03 AM				
ORDER	NO.	:	955043-190				

CUSTOMER NO: 4816118

#### FOREIGN\_FILINGS

NAME: FORTREA INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

#### 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.

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

Maryland	3	
(State or countr	33333333.	(FEI number, if applicable)
06/22/2023	5. F	(Date of duration, if other than perpetual)
(Date	of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business in I (SEE SECTIONS 607,1501 & 607,150	
8 Moore Drive, E	Durham, NC 27703	SEC S
		e <u>street</u> address)
	(Current mailing	address, if different)
Name and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)
Name:	Corporation Service Company	m
ffice Address:	1201 Hays Street	
	Tallahassee	Florida 32301
	(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.

Corporation Service Company By:	Eylina Baher
· · · ·	· · · · ·

(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.

### DocuSign Envelope ID: CB52C027-8FE5-48D7-BACE-7CCB59B41E82

A. DIRECTORS			
□Chairman	Thomas Pike	□Chairman	Name:
□Vice Chairman	Address: 8 Moore Drive	□Vice Chairman	Address:
Director	Durham, NC 27703	Director	Durham, NC 27703
President		□President	
□Vice President		☐Vice President	
Secretary David	D1-1	Secretary	Treasurer
■Other		□Other	Other
□Chairman	Jill McConnell Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address: 8 Moore Drive
Director	Durham, NC 27703	Director	Durham. NC 27703
□President		□President	
□Vice President		☐Vice President	·
Secretary		Secretary	Treasurer
CFO	Other	Other	0ther
□Chairman	Stillman Hanson	□Chairman	Name:
□Vice Chairman	8 Moore Drive		Address:
	Durham, NC 27703		Durham, NC 27703
President		President	
□Vice President		□Vice President	
□Secretary	Treasurer	⊡Secretary	□Treasurer
General (	Counsel	■Other	Secretar Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed indjvid@als@age/bc added to the index when filing your Florida Department of State Annual Report form.

David Cooper

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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.

David Cooper, Secretary

David Cooper, Secretary

#### Continuation Page

Item 10. Directors and Officers

Amanda Warren Chief Accounting Officer	8 Moore Drive, Durham, NC 27703
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## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT FORTREA INC. (D24109753), INCORPORATED JUNE 22, 2023, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO

OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS. AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN

ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 24, 2023.

Michael L. Higgs Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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