THANSMITTALLETTER To: Qualification Var Lien Section Division of Corporations

	EMSL Analytical, Inc. (Name of corporation - must inc	clude suffix)
Dear Sir or Ma	adam:	500002404235 -01/20/9801016002 *****78.75 *****78.2
"Certificate of	"Application by Foreign Corporation for Authorization of Existence", and check are submitted to register the a ess in Florida.	
Please return a	all correspondence concerning this matter to the follo	wing;
Please return a	Richard Pieloch	wing;
Please return a	•	wing:
Please return a	Richard Pieloch	wing:
Please return a	Richard Pieloch (Name of Person)	wing:
Please return a	Richard Pieloch (Name of Person) EMSL Analytical, Inc.	——————————————————————————————————————
Please return a	Richard Pieloch (Name of Person) EMSL Analytical, Inc. (Firm/Company)	wing: ALCALIAN SS

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Richard Pieloch at (609) 858-4800 ext. 1206
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 **MAILING ADDRESS:**

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

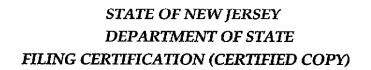
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	EMSL Name of com	Analytical, I	NC.	ATED" "COMPA	NY". "CORPO	RATION" or
	words or abbre	eviations of like import or partnership if not so	in language as will cl	early indicate that i		
2.	New .	Jersey		3	22-23571	01
		ry under the law of which	th it is incorporated)		(FEI number,	if applicable)
	05/20	- > / o 1	-	Ε	Perpetual	
4.	05/28	ate of incorporation)	5	(Duration: Year co	no. will cease to	o exist or "perpetual")
6.		5, 1997				,
	(Date fir	st transacted business in	Florida.) (SEE SEC	TIONS 607.1501, 6	07.1502 and 81	7.155, F.S.)
7.	EMSL	Analytical, I	nc. Sky Lal	ce Industria	al Park,	19595 NE 10th
	Ave.,	Bay C, N, Mi	ami Beach, E	lorida 331	79	F6 %
			(Current mailing	address)		JAN 20 AHASS
8.		conmental Serv	<u> </u>			
9.	Name and st	e(s) of corporation authorized address of Florical Corporation	da registered agen	·		5 6
	Name:	<u> </u>				
Oi	fice Address:	1200 South Pine	e Island Road	<u>.</u>		
		Plantation	-	, Florida,	33324	
			·		(Zip code)	-
10	. Registered	agent's acceptance:				
in co	this application mply with the p	n, I hereby accept the a provisions of all statutes	ppointment as regist relative to the prop	ered agent and agre er and complete per	ee to act in this	rporation at the place designated capacity. I further agree to y duties, and I am familiar with
an	d accept the ob	ligations of my position	as registered agent.			J. WILLIAMS
			rillia	m	Assistan	t Vice President
			(Registered agent	's signature)		
			\sim			

11. 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.

DIREC	•	_
	TORS (Street address only - P.O. Box NOT acceptable)	
irman:	Peter Frasca	
iress: _	1 Cooper Street	
	Westmont, New Jersey 08108	
e Chair.	man: Carmela Frasca	
iress: _	1 Cooper Street	
	Westmont, New Jersey 08108	
ector:	Maria Boisclair	
_	1 Cooper Street	
_	Westmont, New Jersey 08108	
ector:		
		98
OFFI C	CERS (Street address only - P.O. Box NOT acceptable)	10 5 -
sident:	Peter Frasca	ASSE ASSE
	1 Cooper Street	
_	Westmont, New Jersey 08108	9 2
– Presid	ent: Carmela Frasca	
	Cit. Carmera Trabea	
	-1 Cooper Street	
	1 Cooper Street Westmont New Jersey 08108	
lress: _	Westmont, New Jersey 08108	
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(Typed or printed name and capacity of person signing application)



EMSL ANALYTICAL, INC.

I, the Secretary of State of the State of New
Jersey, do hereby certify, that the above named
business did file and record in this department
the below listed document(s) and that the foregoing
is a true copy of the
CERTIFICATION INCORPORATION
as the same is taken from and compared with the
original(s) filed in this office on the date set
forth on each instrument and now remaining on file
and of record in my office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and

affixed my Official Seal at Trenton, this

20th day of October, 1997

Noma K. Hook

LONNA R HOOKS
Secretary of State

