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DATE: 9/9/14

NAME: EUROFINS MEDINET, LLC

TYPE OF FILING: APPLICATION

COST: 155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

SUBJECT	P.	<b>Eurofins</b>	Medinet, L	LC	
ondisc :	Name of Limited Liability Company				
				to Transact Business in Florida," Certificate ability company to transact business in Flori	
lease retu	ım all correspondence con	cerning this matter to th	e following:		
		An	nie Long		
		ז	Name of Person		
		Eurofins	NSC, US, I	nc.	
	Firm/Company  2425 New Holland Pike				
Address					
	Lancaster, PA 17601				
	<del></del>		State and Zip Code	-	
	Anr	naAlberico	@eurofins	US.com	
		E-mail address: (to be use	ed for future annual report n	otification)	
or further	information concerning th	is matter, please call:			
	Annie	Long	717 <sub>at(</sub>	556-3120	
_	Name of Co	ontact Person	Area Code	Daytime Telephone Number	
D Re P.	AILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314	Divisio Registi Clifton 2661 E	ET ADDRESS: on of Corporations ration Section Building executive Center Circle assec, FL 32301		
	is a check for the follows 125.00 Filing Fee		\$155.00 Filing Fee Certified Copy	& \$\Bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUT FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSIN	·
Eurofins Medin	
(Name of Foreign Limited Liability Company; must include "Lin	nited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transactin Liability Company," "L.L.C," or "LLC.")	ng business in Florida. The alternate name must include "Limited
2Delaware 3.	20-0368571
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
49/9/2014	589
(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	
5 <b>2425 New Holla</b>	nd Pike
Lancaster, PA	
(Street Address of Princ	
6 2425 New Holla	nd Pike
Lancaster, PA	17601
(Mailing Addre	255)
7. The name, title or capacity and address of the person(s)	who has/have authority to manage is/are:
Ralf Fassbender, Mana	ger/Member
2425 New Hollan	d Pike
Lancaster, PA 1	7601
8. Attached is an original certificate of existence, no more the having custody of records in the jurisdiction under the law of acceptable. If the certificate is in a foreign language, a translemust be submitted)  Signature of an authority accordance with section 605.0203, F.S., the execution of this document constitutes and am aware that any false information submitted in a document to the Department of State of	f which it is organized. (A photocopy is not ation of the certificate under oath of the translator orized person affirmation under the penalties of perjury that the facts stated herein are true.
Ralf Fassb	ender
Typed or printed name	of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:		
Eurofins Me	dinet, LLC	
If unavailable, the alternate to be used in the state of	of Florida is:	
2. The name and the Florida street address of the re	egistered agent and office are:	
National Corporate	<del></del>	
(Na	me)	
155 Office F	Plaza Drive	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Tallahassee	<sub>FL</sub> 32301	
City	State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

NATIONAL CORPORATE RESEARCH, LTD., INC.

Karblus Ballord, ash Sec

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "EUROFINS MEDINET, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE NINTH DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EUROFINS MEDINET, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2003.

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

3707685 8300

141155795

AUTHENTY CATION: 1680900

DATE: 09-09-14

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