

2/9/2016 3:39:03 PM From: To: 8506176383 /4

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** \_\_\_\_\_

**Foreign Limited Liability Company  
PerkinElmer Medical Imaging, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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K. SALY  
EXAMINER

FEB 10

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PerkinElmer Medical Imaging, LLC**

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Jessica J. Pearl

Name of Person

PerkinElmer

Firm/Company

940 Winter Street

Address

Waltham, Massachusetts 02451-1457

City/State and Zip Code

jessica.pearl@perkinelmer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica J. Pearl

Name of Contact Person

at ( 781 )

Area Code

663-6900

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$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 STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PerkinElmer Medical Imaging, LLC

(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-0910523

(FEL number, if applicable)

4. Upon Qualification

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 940 Winter Street, Waltham, MA 02451

(Street Address of Principal Office)

6. 940 Winter Street, ATTN: J. Pearl, Waltham, MA 02451

(Mailing Address)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

**Registered agent's acceptance:**

*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 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.*

By:

C T Corporation System

(Registered agent's signature)

Connie Bryan  
Regi

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

PerkinElmer Medical Holdings, Inc., sole Member, 940 Winter Street, Waltham, MA 02451

Brian Giambattista, President, 940 Winter Street, Waltham, MA 02451

John L. Healy, Secretary and Vice President, 940 Winter Street, Waltham, MA 02451

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

John L. Healy, Secretary & VP of PerkinElmer Medical Holdings, Inc.

Typed or printed name of signer

FILED  
2016 FEB -9 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

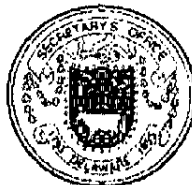
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "PERKINELMER MEDICAL IMAGING, LLC" IS  
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD  
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS  
OFFICE SHOW, AS OF THE NINTH DAY OF FEBRUARY, A.D. 2016.

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

FILED  
2016 FEB -9 AM 11:09  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



5914829 8300

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Jeffrey W. Bullock, Secretary of State

Authentication: 201803625

Date: 02-09-16