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CORPLANT OF STATE

K. SALY MAY 10 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 200516 7199075

AUTHORIZATION

COST LIMIT :/ 125.00

ORDER DATE: May 9, 2018

ORDER TIME : 11:58 AM

ORDER NO. : 200516-005

CUSTOMER NO: 7199075

## FOREIGN FILINGS

NAME: COVANCE BIOANALYTICAL SERVICES

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

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

IN COMPILANCE WITH SECTION 605.0902, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Covance Bioanalytical (Name of Foreign	Services LLC Limited Liability Company; must include "Limite	d Liability Company,'	' "L.L.C.," or "LLC.")	<u></u>
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	rida. The alternate name r	must include "Limited Liability Comp	eny," "L.L.C," or "LLC.")
2 Delaware		3 22-3736	316	
(Jurisdiction under the law of wi	hich foreign limited liability company is organized)	J	(FEI number, if applic	able)
May 9 2019				
4. May 8, 2018	(Date first transacted business in Florida, if prior to	registration.)		
	(See sections 605.0904 & 605.0905, F.S. to determ	ine penalty liability)		4
5. 8211 Scicor Drive		6. 8211 Scicor Drive		<u> </u>
(Street Address of F Indianapolis, IN 4621	· · · · · · · · · · · · · · · · · · ·		(Mailing Address)	- 9 <u>9</u> = 1
mulanapons, nv 4021	<del>,</del>	mutanape	7115, 114 40214	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable	:)	YOR S
Name:	Corporation Service Company			
Office Address:	1201 Hays Street			\$ F. 36
	Tallahassee	13	Florida 32301	
	(City)	, <sup>,</sup> <sub>F</sub>	(Zip code)	
	ions of all statutes relative to the proper s of my position as registered agent.  Corporation Service Company  By:  (Registered agent's	Cal	Emily Croft Asst. Vice President	
8. The name, title or caparity:	acity and address of the person(s) who fi <u>Name and Address:</u>	as/have authority t <u>Title or Ca</u>	to manage is/are:	e and Address:
Assistant Secretary	Erica Smith-Klocek			
	206 Carnegie Center Princeton, NJ 08540			
		<u> </u>		
		_		<del> </del>
(Use attachments if neces	ssary)	<del>-</del>		
	of existence, no more than 90 days old, of which it is organized. (If the certifica ubmitted)			
	outed in accordance with section 605.020 the Department of State constitutes a the	nird degree felony	as provided for in s.817.1:	
	Signatur	e of an authorized person		
	Erica Smith-Klocek, Covance Central	Laboratory Service	ces Inc., Member	

Typed or printed name of signee

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COVANCE BIOANALYTICAL SERVICES 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 MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVANCE"

BIOANALYTICAL SERVICES LLC" WAS FORMED ON THE ELEVENTH DAY OF MAY,

A.D. 2000.

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

SECRETARY OF STATE

Authentication: 202660290

Date: 05-09-18