## 118000005374

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| File 2nd                                |
|   |





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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 235263 7474401 AUTHORIZATION -COST LIMIT V ORDER DATE: May 30, 2018 ORDER TIME : 2:45 PM ORDER NO. : 235263-065 CUSTOMER NO: 7474401 FOREIGN FILINGS NAME: QIAGEN, LLC XXXX QUALIFICATION (TYPE: CO) 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:

## COVER LETTER

| TO:     | Registration Section<br>Division of Corporation  | ns  |                                 |  |  |      |
|---------|--|---|---------------------------------|--|--|------|
| SHRI    | Qiagen, LLC<br>ECT:  |   |                                 |  |  |      |
| 3013    | BC1.   | Name of   | Limited Lizbility (             | ompany   | <del> </del>   |      |
|         |  |   |                                 |  | nnsact Business in Florida," Cert<br>y company to transact business i            |      |
| Please  | return all correspondence o  | oncerning this matter to the                                | following:                      |  |  |      |
|         |  | N   | ame of Person                   |  |  |      |
|         | Corporation Se   | rvice Company   |                                 |  |  |      |
|         |  | F   | irm/Company                     |  |  |      |
|         |  | ····  | Address                         |  |  |      |
|         |  |   | Address                         |  |  |      |
|         | *****  | City/S  | tate and Zip Code               |  | 1:-  |      |
|         |  | E-mail address: (to be use                                  | d for future annual             | report not                                     | ification)   |      |
| For fur | rther information concerning   | e this matter, please call:                                 |                                 |  |  |      |
|         | Name o   | f Contact Person  | at (                            |  | time Telephone Number  |      |
|         | MAILING ADDRESS:<br>Division of Corporations<br>Registration Section<br>P.O. Box 6327<br>Tallahassee, FL 32314 |   |                                 | Division<br>Registrat<br>Clifton B<br>2661 Exe | ADDRESS: of Corporations ion Section uilding coutive Center Circle ice, FL 32301 |      |
| Enclos  | ed is a check for the follow ☐ \$125 00 Filing Fee   | ing amount:  ☐ \$130.00 Filing Fee &  Certificate of Status | S155.00 Filir<br>Certified Copy | ng Fee &                                       | ☐ \$160.00 Filing Fee, Certific<br>of Status & Certified Copy                    | cate |

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

IN COMPILANCE WITH SECTION GISURIZ, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

|   | same adopted for the purpose of transacting business in Flo  | rida. The alternate mone must include "Limite   | a Liability Company," "L.L.C." or "LLC")   |
|---|--|---|--|
| California  |  | 3. 95-4141306   |  |
|   | nich foreign limited liability company is organized)   | J   | number, if applicable)   |
|   |  |   | . <del></del>  |
| 4. <u></u>  | Onte first transacted business in Florida, if prior to   | retristration )   |  |
| 10765 C   | (See sections 605 0904 & 605,0905, F.S. to determine   | • •   |  |
| 5. 19300 Germantown R<br>(Street Address of                                     | d<br>rincaral Office   | 6. 19300 Germantown Rd  | Address  |
| Germantown, MD 208  |  | Germantown, MD 208  |  |
|   | <del></del>  |   | ٠٠ <u>مي</u> و   |
|   | <del>.</del>   | •   | - 12   |
| 7 - 31 d assess and days  | er of Florida and reserved against (D.O. Pay   | NOT pagentable)   | W.   |
| / Name and <u>Sifeet addres</u>   | ss of Florida registered agent: (P.O. Box  | NOT acceptable)   | 25   |
| Name:   | Corporation Service Company  |   | <i>O</i> :   |
| Office Address:   | 1201 Hays Street   |   | <u>.</u> .   |
| Office Address.   |  |   |  |
|   | Tallahassee (Cnv)  | , Florida 32301   |  |
|   |  |   | my duties, and I am familiar with  |
| and accept the obligation   | cons of all statutes relative to the proper of all statutes relative to the proper of a first position as registered agent.  Corporation Service Company  By:  (Registered agent's active and address of the person(s) who has a new and Address:  Qiagen North American Holdings  19300 Germantown Rd  Germantown, MD 20874 | ignature) as/have authority to manage is/as Title or Capacity:  | Emily Croft Asst. Vice President   |
| 8. The name, title or cap: Title or Capacity: Member                            | Corporation Service Company By:    Registered agent's  | ignature) as/have authority to manage is/as Title or Capacity:  | Emily Croft Asst. Vice President  Emily Croft Asst. Vice President  Emily Croft  Asst. Vice President  Emily Croft  Asst. Vice President  Emily Croft  Asst. Vice President  Emily Croft |
| 8. The name, title or cap: Title or Capacity: Member  (Use attachments if neces | Corporation Service Company By:  Regenered agent's  acity and address of the person(s) who has Name and Address:  Qiagen North American Holdings  19300 Germantown Rd Germantown, MD 20874   | and complete performance of signature) as/have authority to manage is/at Title or Capacity:  Inc. Secretary/Head of Fit | Emily Croft Asst. Vice President  Same and Address: Tim Grabham 19300 Germantown Rd Germantown, MD 20874   |
| 8. The name, title or cap: Title or Capacity: Member  (Use attachments if neces | Corporation as registered agent. Corporation Service Company By:  IRegulared agent's  active and address of the person(s) who has Name and Address:  Qiagen North American Holdings  19300 Germantown Rd Germantown, MD 20874  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificat   | and complete performance of signature) as/have authority to manage is/at Title or Capacity:  Inc. Secretary/Head of Fit | Emily Croft Asst. Vice President  Same and Address: Tim Grabham 19300 Germantown Rd Germantown, MD 20874   |

Typed or present name of signare

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: QIAGEN, LLC

FILE NUMBER: FORMATION DATE:

201800210028 12/31/2017

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION: CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 1, 2018.

ALEX PADILLA Secretary of State