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Account#: 120000000088

Date:	08/01/2019	
	Merritt Walker	_
	nce #: <b>1113973</b>	_
	Name: EUROFI	NS DQCI, LLC
<b>/</b>	Articles of Incorporation/Authorization	to Transact Business
	Amendment	
	Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
	Other	
Authori	zed Amount: \$125	
Signatu	ıre:	

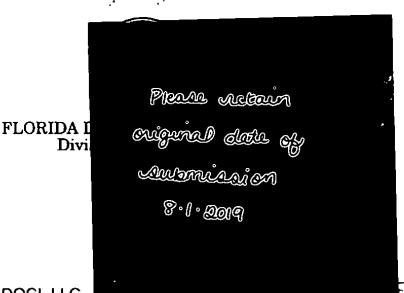
F: 800.944.6607



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Account#: 120000000088

Date:	08/01/2019			
	Merritt Walker			
	1113973			
Entity Name	EUI	ROFINS DQCI, LLC		
✓ Articles of Incorporation/Authorization to Transact Business				
☐ Amendment				
☐ Change of Agent				
Reins	statement			
☐ Conv	ersion			
☐ Merge	er			
☐ Disso	lution/Withdrawal			
☐ Fictition	ous Name			
Other				
Authorized A	mount:\$125			
Signature:	(MV)			



August 2, 2019

**COGENCY** 

SUBJECT: EUROFINS DQCI, LLC Ref. Number: W19000069970

We have received your document for EUROFINS DQCI, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, L.L.C. and LLC are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 819A00015836

## 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:

Ι.	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	_
		_
(Ifn 2	MN  (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)	.LC.") —
4.	(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability)	
5.	5205 Quincy Street (Street Address of Principal Office)  6. (Mailing Address)	<b>_</b>
	Mounds View, MN 55112	_
7.	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	**************************************
	Name: COGENCY GLOBAL INC.	, =====================================
	Office Address: 115 North Calhoun St. Suite 4	
	Tallahassee , Florida 32301 (City)	

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.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total): Name and Address: Title or Capacity: Name and Address: Title or Capacity: Sean Murran Ann Gladwell Name: \_\_ \_ Name: Address: 2200 Rittenhouse Street Address: 2200 Rittenhouse Street Member Member Suite 175 Suite 175 Authorized Authorized Des Moines, IA 50321 Des Moines, IA 50321 Person Person Other Other Other Other Ralf Fassbender Manager Manager Address: 2430 New Holland Pike Member Member Address: Lancaster, PA 17601 **X** Authorized Authorized Person Person Other \_\_\_\_ Other Other Other Manager Manager Name: ☐.Member Address: Member Authorized Authorized Person Person Other\_\_\_\_ Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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) 10. 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. Ralf Fassbender, Treasurer

## Office of the Minnesota Secretary of State Certificate of Good Standing

1. Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Eurofins DQC1, LLC

Date Filed: 10/29/2003

File Number: 674201-2

Minnesota Statutes, Chapter: 322C

Home Jurisdiction: Minnesota

This certificate has been issued on: 08/01/2019

Steve Simon

Secretary of State State of Minnesota

Steve Pimm