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То:	Division of Corporations Fax Number : (850)617-6383		23 PM
From:	: Account Name : C T CORPORATION SYST Account Number : FCA000000023	TEM	STATE FLORIDA
••-	Phone : (614)280-3338 Fax Number : (954)208-0845	elen es berer	d Fan Entire
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Corporate Filing Menu

Help

Y SCOTT

SEP 24 2019

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

IN COMPLIANCE WITH SECTION 605 0/902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

ne unavadable, enter alternate na	me adopted for the purpose of transacting business in F	londa. The alternate nume inust incli	ide "Limited Liability Company," "L 1, C," o	er ' 1.I.C'
Illinois		36-2360953	7X S.	
Hunsdiction under the law of wh	sch foreign limited fiability company is organized)	٥	(Hell memper and obstrayples)	·1!
			<b>到</b>	
08/31/2019			23 188	•
	(Date first transacted business in Florida, if prior t (See sections 603 9904 & 603 0905, F.S. to deter	o regitualiuu ) maa panalty liability)	<u> </u>	:11
625 E. Bunker Ct.,		625 E. Bunker (	Ct PS F.	1
	nicipal Office)	6.	(Mailing Address) 1) Jr.	
(Street Volumer of th	anaibai caresi		(Mains Sources)	
			5 M	
Vemon Hills, IL 60061		Vermon Hillis, II	OM W	
Vemon Hills, IL 60061  Name and street addres	5 of Florida registered agent: (P.O. Bo C T Corporation System		OM W	
Vernon Hills, IL 60061	ş of Florida registered agent; (P.O. Bo		OM W	
Name and street address	s of Florida registered agent; (P.O. Bo C T Corporation System	ox <u>NOT</u> acceptable)	OM W	

By:	C T Corporation System	Bylam Berry	Stephanie Boehm, Assistant Secretary
	(Registered age	ot's agrature)	

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: CPI Holdings, LLC	<b>⊠</b> Manager	Name: Brust, Bernd
⊠Member	Address: 625 E. Bunker Ct.	☐ Member	Address: 625 F., Bunker Ct.
Authorized	Vernon Hills, IL 60061	Authorized	Vernon Hills, IL 60061
Person		Person	
Other	Other	Other	- Contain
⊠Manager	Name:	☐ Manager	Name: Pope: Usaris 23
Member	625 F. Bunker Ct.	Метрег	Address: 625 E. Bunker-G.
Authorized	Vernon Hills, 11. 60061	Authorized	Vernon Hills, 17,60061
Person		Person	2
Other	Other	(XiCither_Director	Other
Manager	Morse, Nick Name:	Manager	Name:
_ <b>*</b>	Address: 625 E. Bunker Ct.	Member	Address:
Member	Vernon Hills, IL 60061	_	
⊠Authorized		Authorized	
Peison		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. Non-indexed individuals may be added to the index when filling 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 onth 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 \$.817.155, F.S.

1101		
<del></del>	Signature of an authorized period	
Nick Morse		
	Typesfor printed name of signer	

File Number

0482485-7



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of

Business Services. I certify that

COLE-PARMER INSTRUMENT COMPANY LLC, HAVING ORGANIZED IN THE STATE OF 7 ILLINOIS ON SEPTEMBER 03, 2014, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITYCOM ANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND **AUGUST** day of

Authentication #: 1921402104 verifiable until 08/02/2020 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE