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	From: Account Name : C T CORPORATION SYST Account Number : FC4000000023 Phone : (614)280-3338 Fax Number : (954)208-0845	EM	. <u>.</u>				
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSIN IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECEISTER A FOREIGN. LIMITED LA COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Limit	icu i sagniriy	y Company," "[.]. C.," or "LLC.")	
(L'oame unavailable, entor alternote n	are adopted for the purpose of transacting business in F	louida. The all	lerance name must include "Limited Liability Company," "L.L.C." o	
2. Delaware		3	36-2656030	
	hich foreign limited liability company is organized)	5.	(FEI n.mher, if applicable)	
4. Upon Qualification				
	(Date first transacted business in Florida, if prior to (See accious 605.0904 42 605.0905, P.S. to deter	o registration mine penalty 1) kebîliy)	
5. 100 Results Way		6	c/o GE Global Operations, 191 Rosa Parks St.	12W-
(Streer Address of P	Antipet Office)	ν.	(Mailing Address)	
Marlborough, MA 017	52		Cincinnati, OII 45202	
Name: Office Address:	55 of Florida registered agent: (P.O. Bo C T Corporation System 1200 South Pine Island Road	·····	- -	2
Office Address.				019
	Plantation		Florida 33324	-
TD	(City)		, Florida 33324 (Zip code)	
Having been named as re designated in this applica to comply with the provisi and accept the obligation.	stance: gistered agent and to accept service of ition. I hereby accept the appointment	as realitioner and configuration of the second configurati	for the above stated limited liability company ered agent and agree to act in this capacity. I mptere performance of my duties, and I am fa BALLERA AGEN BALLERA AGEN BALLERA AGEN	furthei miliar TA-GR TA-GR
designated in this applica to comply with the provisi and accept the obligation. 8. The name, title or capa	stance: registered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. By: C T Corporation System (Register agent) acity and address of the person(s) who h	as realitioner and configuration of the second configurati	for the above stated limited liability company ered agent and agree to act in this capacity. I mplere performance of my duties, and I am fa BALATKA ALMEN BALATKA ALMEN BALATKA ALMEN BALATKA ALMEN BALATKA ALMEN BALATKA ALMEN	at the j further miliar TA-GR

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

Signature of an authorized person

Kirsten M. Max

Typed or printed name of signes

Page 1

De	law	ar	e

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GLOBAL LIFE SCIENCES SOLUTIONS USA 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 SECOND DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLOBAL LIFE SCIENCES SOLUTIONS USA LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 1968.

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



Authentication: 203710 Date: 10-02

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SR# 20197342376 You may verify this certificate online at corp.delaware.gov/authver.shtml