

M21000014136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

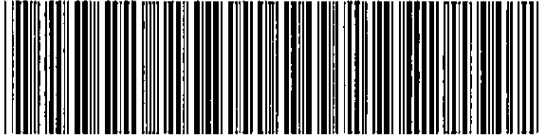
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
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2021 OCT 25 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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2021 OCT 25 PM 4:18
TALLAHASSEE, FL

OCT 25 2021

K. Brumbley



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 10/25/2021

Name: Merritt Walker

Reference #: 1423479

Entity Name: EUROFINS VIRACOR, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other CERTIFIED COPY OF THE FILING EVIDENCE

FILE SECOND

Authorized Amount: \$155

Signature: *MW*

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:

1. EUROFINS VIRACOR, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC."

2. DE
(Jurisdiction under the law of which foreign limited liability company is organized)

3.
(FEI number, if applicable)

4.
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1001 NW Technology Drive
(Street Address of Principal Office)

6.
(Mailing Address)

Lee's Summit, MO 64086

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) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FL 32301
APPROVED AND FILED

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.

Meritt Walker, Asst. Secretary
(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]:

Title or Capacity: Manager Name: David Morgan
 Member Address: 1001 NW Technology Drive
 Authorized _____
 Person Lee's Summit, MO 64086
 Other _____ Other _____

Title or Capacity: Manager Name: Matthew G. Urbanek
 Member Address: 1001 NW Technology Drive
 Authorized _____
 Person Lee's Summit, MO 64086
 Other EVP Other _____

Manager Name: Annemarie Watson
 Member Address: 951 NW Technology Drive
 Authorized _____
 Person Lee's Summit, MO 64086
 Other _____ Other _____

Manager Name: Michelle Altrich
 Member Address: 951 NW Technology Drive
 Authorized _____
 Person Lee's Summit, MO 64086
 Other President Other _____

Manager Name: Dan Dickinson
 Member Address: 2200 Rittenhouse St.
 Authorized Suite 175
 Person Des Moines, IA 50321
 Other Secretary Other Treasurer

Manager Name: Justin Dudas
 Member Address: 343 West Main St.
 Authorized _____
 Person _____
 Other Tax Director 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 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.

Michelle Altrich

Electronically signed by
Michelle Altrich
Reason: I am the user
Date: Jul 28 2021 08:32:27

Signature of an authorized person

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EUROFINS VIRACOR, 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 TWENTY-FIRST DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EUROFINS VIRACOR, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MAY, A.D. 2009.

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



4686720 8300

SR# 20212759959

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203724740

Date: 07-21-21



Viracor, Inc.

To Whom It May Concern:

Effective, July 1, 2021, Eurofins Viracor, Inc., by unanimous approval of the directors, has given Eurofins Viracor, Inc. consent to change its name to Eurofins Viracor, LLC and consent to the use of the name.

Signed by Chairman of the Board

A handwritten signature in black ink that reads "David Morgan II". The signature is written in a cursive style and is positioned above a horizontal line.

David Morgan, Chairperson