

* Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6393

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCAC000000023
Phone : (954) 209-0645
Fax Number : (614) 572-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: State.Communications@PerkinElmer.com

**Foreign Limited Liability Company
PerkinElmer U.S. LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

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JAN 17 2023

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PerkinElmer U.S. 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. Delaware

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

3. 88-4129178

(Tax number, if applicable)

4. March 6, 2023

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

5. 710 Bridgeport Avenue

(Street Address of Principal Office)

6. 710 Bridgeport Avenue, Attn: Kristina F. Keegan

(Mailing Address)

Shelton, Connecticut 06484-4797

Shelton, Connecticut 06484-4797

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip code)

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.

C T Corporation System

By: Margaret E. Routzahn

(Registered agent's signature)

Margaret E. Routzahn, Ass't Secretary

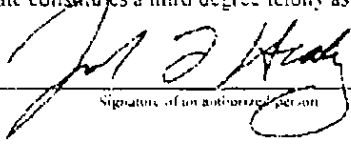
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>PerkinElmer Health Sciences, Inc.</u>	<input type="checkbox"/> Manager	Name: <u>Andrew Okun</u>
<input checked="" type="checkbox"/> Member	Address: <u>940 Winter Street</u>	<input type="checkbox"/> Member	Address: <u>940 Winter Street</u>
<input type="checkbox"/> Authorized	<u>Waltham, MA 02451-1457</u>	<input checked="" type="checkbox"/> Authorized	<u>Waltham, MA 02451-1457</u>
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other ^{Treasurer}	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>John L. Healy</u>	<input type="checkbox"/> Manager	Name: <u>Kristina F. Keegan</u>
<input type="checkbox"/> Member	Address: <u>940 Winter Street</u>	<input type="checkbox"/> Member	Address: <u>710 Bridgeport Avenue</u>
<input checked="" type="checkbox"/> Authorized	<u>Waltham, MA 02451-1457</u>	<input checked="" type="checkbox"/> Authorized	<u>Shelton, CT 06484-4797</u>
Person		Person	
<input checked="" type="checkbox"/> Other ^{Secretary}	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other ^{Vice President}	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Joel S. Goldberg</u>	<input type="checkbox"/> Manager	Name: <u>Kristen W. Norris</u>
<input type="checkbox"/> Member	Address: <u>940 Winter Street</u>	<input type="checkbox"/> Member	Address: <u>940 Winter Street</u>
<input checked="" type="checkbox"/> Authorized	<u>Waltham, MA 02451-1457</u>	<input checked="" type="checkbox"/> Authorized	<u>Waltham, MA 02451-1457</u>
Person		Person	
<input checked="" type="checkbox"/> Other ^{President}	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other ^{Vice President}	<input type="checkbox"/> 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.



 Signature of an authorized person
 JOHN L. HEALY

 Typed or printed name of signer

PerkinElmer U.S. LLC
January 9, 2023
Attachment:

SECTION 8 Continued

Name	Office	Business Address
Jenny L. Thomas	Vice President / Authorized	940 Winter Street Waltham, Massachusetts 02451-1457
Benjamin G. Trachtenberg	Vice President / Authorized	940 Winter Street Waltham, Massachusetts 02451-1457

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PERKINELMER U.S. 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 TWELFTH DAY OF JANUARY, A.D. 2023.

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



7021973 8300

SR# 20230115885

You may verify this certificate online at corp.delaware.gov/authver.shtml
Jeffrey W. Bullock, Secretary of State

Authentication: 202483141

Date: 01-12-23