

M230000007771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

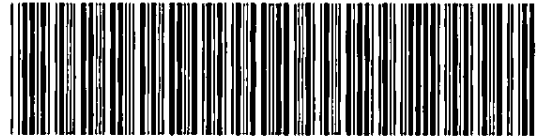
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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **June 14, 2023**

Account#: I200000000088

Name: **Claudia Camilus**

Reference #: **2029228**

Entity Name: **EUROFINS ANALYTICS, LLC**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

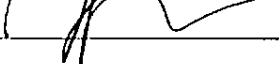
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: **125.00**

Signature: 



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☐ Other _____

Authorized Amount: **125.00**

Signature: 

**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 ANALYTICS, 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. VA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FE) 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. 10329 Stone Rune Lane
(Street Address of Principal Office)

6. 10329 Stone Rune Lane
(Mailing Address)

Ashland, VA 23005

Ashland, VA 23005

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)

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.

Sheryl A. Gibbs
(Registered agent's signature)

2023 JUN 14 PM 2:42

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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:**

☒ Manager Name: Brian Williams

☐ Member Address: 2425 New Holland Pike

☐ Authorized Lancaster PA, 17601

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: David Spurlock

☐ Member Address: 10900 Brittmoore Park

☐ Authorized Houston, TX 77041

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: James McCarthy

☐ Member Address: 10329 Stony Run Lane

☐ Authorized Ashland US-10329

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Jeffrey Spink

☐ Member Address: 10329 Stony Run Lane

☐ Authorized Ashland US-10329

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Justin Dudas

☐ Member Address: 343 West Main Street

☐ Authorized Leola PA 17540

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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 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.

Developed by
James McCarthy
10/1/2010 10:00 AM

Signature of an authorized person

James McCarthy

Typed or printed name of signer

Certificate Of Completion

Envelope Id: E6E259C4E624447AB3522DCED62BAF96

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Subject: Complete with DocuSign: Analytics AZ 1.pdf, Analytics AZ 2 pdf, Analytics FL.pdf, Analytics NC....

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343 West Main Street

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Leola, PA 17601

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Signer Events

James McCarthy

James.McCarthy@ET.EurofinsUS.com

Security Level: Email, Account Authentication
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Signature

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Electronic Record and Signature Disclosure:

Not Offered via DocuSign

In Person Signer Events

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Agent Delivery Events

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Certified Delivery Events

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Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent

Hashed/Encrypted

6/8/2023 12:36:10 PM

Certified Delivered

Security Checked

6/8/2023 7:54:10 PM

Signing Complete

Security Checked

6/8/2023 7:54:52 PM

Completed

Security Checked

6/8/2023 7:54:52 PM

Payment Events

Status

Timestamps

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

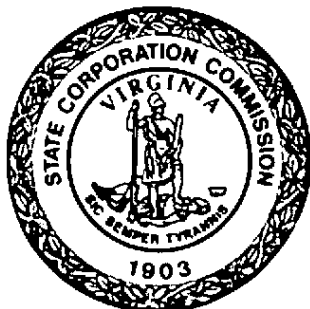
I Certify the Following from the Records of the Commission:

That Eurofins Analytics, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on May 13, 2016; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

June 13, 2023

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission