

M24000008617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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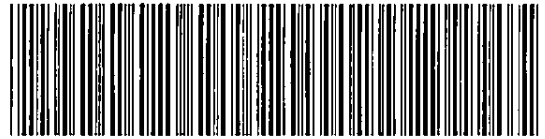
(Business Entity Name)

(Document Number)

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MS



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

Account#: I20000000088  
For any issues please contact  
Cheyanne Davis  
(850) 202-1882

Date: 07/05/2024

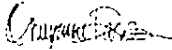
Name: Cheyenne Davis

Reference #: 2432366

Entity Name: EUROFINS DONOR & PRODUCT TESTING, 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: 

• CORPORATE HQ  
COGENCY GLOBAL INC  
10 E 40TH ST, 10TH FL  
NY, NY 10016  
D: +1.212.947.7200  
P: 800.221.0102  
F: 800.944.6607

• EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES  
REGISTRY #3010712  
6 LLOYDS AVE, UNIT 4CI  
LONDON EC3N 3AX  
+44 (0)20.3961.3080

• ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
UNIT B, 11/F, LIPPO LEIGHTON TOWER  
103 LEIGHTON RD, CAUSEWAY BAY  
HONG KONG  
P: +852.2682.9633  
F: +852.2682.9790



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

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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 DONOR & PRODUCT TESTING, 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 3. 81-3521953  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 6933 South Revere Parkway 6. 6933 South Revere Parkway  
(Street Address of Principal Office) (Mailing Address)  
Centennial, CO 80112 Centennial, CO 80112

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.*

\_\_\_\_\_  
(Registered agent's signature)

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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: Dan Dickinson

☐ Member      Address: 2200 Rittenhouse ST.

☐ Authorized      Suite A

Des Moines, IA 50321

Person

☒ Other Treasurer      | Other \_\_\_\_\_

☐ Manager      Name: Justin Dudas

☐ Member      Address: 343 West Main St.

☒ Authorized      Leola, PA 17540

Person

☐ Other \_\_\_\_\_      | Other \_\_\_\_\_

☐ Manager      Name: Sara Dionne

☐ Member      Address: 6933 South Revere Parkway

☐ Authorized      Centennial, CO 80112

Person

☒ Other President      | Other \_\_\_\_\_

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

☒ Manager      Name: Matthew G. Urbanek

☐ Member      Address: 18000 W 99th Street

☐ Authorized      \_\_\_\_\_

Person      Lenexa, KS 66219

☐ Other \_\_\_\_\_      | Other \_\_\_\_\_

☒ Manager      Name: Brian Tees

☐ Member      Address: 2425 New Holland Pike

☐ Authorized      Lancaster, PA 17601

Person

☐ Other \_\_\_\_\_      | Other \_\_\_\_\_

☐ Manager      Name: Kristin Eck

☐ Member      Address: 343 West Main St.

☐ Authorized      Leola, PA 17540

Person

☒ Other Secretary      | 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

Justin Dudas

Typed or printed name of signer

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 05:42 PM 06/25/2024  
FILED 05:42 PM 06/25/2024  
SR 20242982460 - File Number 6075699

**EUROFINS DONOR &  
PRODUCT TESTING, LLC**  
**State of Delaware**  
**Limited Liability Company**  
**Certificate of Formation**

- First.** The name of the limited liability company is Eurofins Donor & Product Testing, LLC
- Second.** The Registered Office of the limited liability company in the State of Delaware is located at 850 New Burton Road, Suite 201, Dover, Kent County, Delaware 19904. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is Cogency Global Inc.
- Third.** This Certificate of Formation shall be effective as of June 30, 2024.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 20<sup>th</sup> day of June 2024.

By: DocuSigned by:  
*Sara Dionne*  
1438914597CF4D9 \_\_\_\_\_  
Sara Dionne, President

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EUROFINS DONOR & PRODUCT TESTING, 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 FIFTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EUROFINS DONOR & PRODUCT TESTING, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2016.

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



6075699 8300

SR# 20243069233

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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 in a small font.

Authentication: 203864936

Date: 07-05-24