

M24000009237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

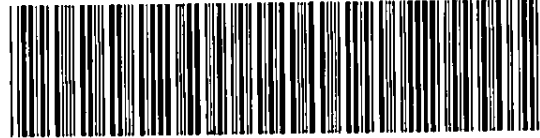
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



500433146605

APPROVED  
AND  
FILED

2024 JUL 18 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2024 JUL 18 PM 4:27

TALLAHASSEE, FLORIDA

JUL 18 2024

K. Brumbley



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

Account#: 120000000088  
For any issues please contact  
Cheyanne Davis  
(850) 202-1882

Date: 07/17/2024

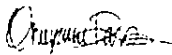
Name: Cheyenne Davis

Reference #: 2438309

Entity Name: EUROFINS CLINICAL DIAGNOSTIC US NDSC, 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: 

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 CLINICAL DIAGNOSTIC US NDSC, 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. 81-3969772  
(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. 18000 W. 99th Street 6. 18000 W. 99th Street  
(Street Address of Principal Office) (Mailing Address)  
Lenexa, KS 66219 Lenexa, KS 66219

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)

APPROVED  
AND  
FILED  
2024 JUL 18 AM 10:25  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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)

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: Matthew S. Urbanek

☐ Member      Address: 18000 W. 99th Street

☐ Authorized      Lenexa, KS 66219

Person \_\_\_\_\_

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

☒ Manager      Name: Brian Tees

☐ Member      Address: 175 Crossing Blvd.

☐ Authorized      Framingham, MA 01702

Person \_\_\_\_\_

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

☐ Manager      Name: Kristin Eck

☐ Member      Address: 343 West Main St.

☐ Authorized      Leola, PA 17540

Person \_\_\_\_\_

☒ Other Secretary      | Other \_\_\_\_\_

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

☐ Manager      Name: Justin Dudas

☐ Member      Address: 343 West Main St.

☒ Authorized      Leola, PA 17540

Person \_\_\_\_\_

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

☐ Manager      Name: Dan Dickinson

☐ Member      Address: 2200 Rittenhouse St.

☐ Authorized      Suite A

Person Des Moines, IA 50321

☒ Other Treasurer      | 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.

  
Signature of an authorized person

Justin Dudas

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EUROFINS CLINICAL DIAGNOSTIC US NDSC, 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 FIFTEENTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EUROFINS CLINICAL DIAGNOSTIC US NDSC, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2016.

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



6161118 8300

SR# 20243136799

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 "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203922745

Date: 07-15-24