

M24000009251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

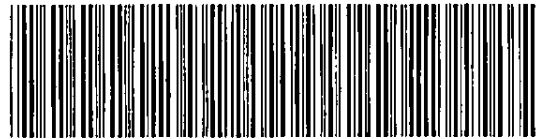
(Document Number)

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

Special Instructions to Filing Officer:

W24-102663

Office Use Only



000431829140

APPROVED  
AND  
FILED

2024 JUN 15 PM 12:30

RECEIVED  
JUL 18 2024  
TALLAHASSEE, FLORIDA

RECEIVED

2024 JUL 15 PM 4:30

TALLAHASSEE, FLORIDA

JUL 18 2024

K. Brumley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 15, 2024

COGENCY GLOBAL

SUBJECT: EUROFINS BIOPHARMA PRODUCT TESTING ENCO, LLC  
Ref. Number: W24000102663

We have received your document for EUROFINS BIOPHARMA PRODUCT TESTING ENCO, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd" and "Co.," also are no longer acceptable.

The document number of the name conflict is F23000001968.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 924A00015355

RECEIVED

2024 JUL 18 PM 12:03



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

Account#: I200000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 07/17/2024

Name: Patrice Rush

Reference #: 2435732

Entity Name: EUROFINS BIOPHARMA PRODUCT TESTING ENCO, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

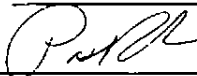
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$125.00

Signature: 

✪ CORPORATE HQ  
COGENCY GLOBAL INC.  
10 E 40<sup>TH</sup> ST, 10<sup>TH</sup> 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 #801072  
6 LLOYDS AVE, UNIT 4CL  
LONDON EC3N 3AX  
+44 (0)20.3961.3080

✪ ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
UNIT B, 1/F, LIPPO LEIGHTON TOWER  
103 LEIGHTON RD, CAUSEWAY BAY  
HONG KONG  
P: +852.2682.9633  
F: +852.2682.9790

**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 BIOPHARMA PRODUCT TESTING ENCO, 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. 88-1908246  
(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. 4810 Executive Park Court 6. 4810 Executive Park Court  
(Street Address of Principal Office) (Mailing Address)  
Suites 110 Suites 110  
Jacksonville, FL 32216 Jacksonville, FL 32216

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)

APPROVED  
AND  
FILED  
2024 JUN 15 PM 12:30  
CLERK OF THE STATE  
OF FLORIDA  
TALLAHASSEE

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: Neal Salerno  
☐ Member                      Address: 2425 New Holland Pike  
☐ Authorized                      Lancaster, PA 17601  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ | ☐ Other \_\_\_\_\_

☐ Manager                      Name: Amber Kenyon  
☐ Member                      Address: 343 West Main St.  
☒ Authorized                      Leola, PA 17540  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ | ☐ Other \_\_\_\_\_

☒ Manager                      Name: Timothy Oostdyk  
☐ Member                      Address: 2200 Rittenhouse St.  
☐ Authorized                      Suite A  
Person Des Moines, IA 50321  
☐ Other \_\_\_\_\_ | ☐ 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 \_\_\_\_\_ | ☐ Other \_\_\_\_\_

☐ Manager                      Name: Rick Camp  
☐ Member                      Address: 914 W. Palapsco Ave.  
☒ Authorized                      Baltimore, MD 21230  
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, Tax Director

Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EUROFINS BIOPHARMA PRODUCT TESTING ENCO, 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 ELEVENTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EUROFINS BIOPHARMA PRODUCT TESTING ENCO, LLC" WAS FORMED ON THE FIFTH DAY OF APRIL, A.D. 2022.

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



6718907 8300

SR# 20243113114

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: 203902618

Date: 07-11-24