Filing and License Fee: \$310.00 minimum



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign

2014 AUG -8 AN 10: 28

		iion herel wing stat		siness in the State of Rhode Island, and for that purpose submits					
1.	The name of the corporation is								
2.	It is incorporated under the laws of								
3.	The name, if different, which it elects to use in Rhode Island is:								
	(a)	"incorpo		poration does not contain the word "corporation", "company", list the name of the corporation with the addition of one of the					
	(b)		and transact business in Rhode Island as stated in	set forth below the fictitious name under which the corporation will the "Fictitious Business Name Statement" to be filed with this					
4.	The	date of i	its incorporation is 08/27/1997	and the period of its duration is perpetual					
5.	The address of its principal office is 4101 Shuffel Street North Canton, OH 44720								
6.	The	The address of its proposed registered office in Rhode Island is 450 Veteran Memorial Parkway , Suite7A							
		(Street Address, not P.O. Box)							
		East Providence , RI 02914 and the name of its proposed registered agent in Rhode Island at (City/Town) (Zip Code) that address is CT Corporation System							
		(Name of Agent)							
7.	The	purpose	or purposes which it proposes to pursue in the trans	action of business in Rhode Island are:					
	еп	vironme	ntal testing						
8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws country of which it is incorporated).									
			<u>Name</u>	<u>Address</u>					
	Dire	ector	Sami Mnaymneh	4101 Shuffel Street North Canton, OH 44720					
	Dire	ctor	Bret Wiener	4101 Shuffel Street North Canton, OH 44720					
	Dire	ector	Keval Patel	4101 Shuffel Street North Canton, OH 44720					
	Dire	ector	Bowen Diehl FILED	4101 Shuffel Street North Canton, OH 44720					

Form No. 150 Revised: 06/11 AUG 0 8 2014

BY YL 230044 10:28

	President		<u>Name</u> Rachel Brydon Jannetta		4101 Shuffel	Address 4101 Shuffel Street North Canton, OH 44720			
	Vice F	President							
	Treasurer Secretary Ben I								
			Ben Erwin	n Erwin		4101 Shuffel Street North Canton, OH 44720			
9.	The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value and series, if any, within a class, is:								
	Number of Shares			Class	<u>Series</u>	Par Value or Statement that Shares are without Par Value			
	4000			ommon	<u> </u>	.01			
10.	(a) +		herever located.	= An estimat	e of the value of all prop	perty to be owned by the corporation for the			
	n.				e of the value of the com	poration's property to be located within Rhode			
	(c) in	0 ne corporation to	_% = An estimated be located with	in this state during	the following year bears to	tion that the estimated value of the property of the value of all property of the corporation to the value of all property of the corporation to the value of all property of the percentage.			
11.		65,000 uring the following	ng year.	= An estimate	e of the gross amount of	business to be transacted by the corporation			
	(b) \$\frac{211,000,000}{\text{or from places of business in Rho}}			= An estimated	e of the gross amount of b following year.	ousiness to be transacted by the corporation at			
	(c)								
12.	This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country undil laws of which it is incorporated.								
13.	This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later								
	than the 90th day after the date of this filing								
Date	e:	8/6/14			Application for Certificat	I declare and affirm that I have examined this e of Authority, including any accompanying ill statements contained herein are true and			
	<u></u>	717			Signature of A	uthorized Officer of the Corporation			
					<u> 8年の ギ</u> Type or Prin	E RW \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TESTAMERICA LABORATORIES, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS

THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF AUGUST,

A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TESTAMERICAL LABORATORIES, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

2790018 8300

141030074

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 1592229

DATE: 08-04-14

You may verify this certificate online at corp. delaware.gov/authver.shtml



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

