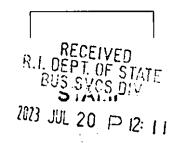


## **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

→ Filing Fee: \$310.00 minimum



Pursuant to the provisions of <u>RIGL 7-1.2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

The name of the corporation is:				
EUROFINS ENVIRONMENT TESTING AMERICA HOLDINGS, INC.				
2. It is incorporated under the laws of:	DE			
3. The name, if different, which it elects to use in Rhode Island is:				
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:				
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:				
4. The date of its incorporation is:	s incorporation is: 12/27/2019			
And the period of its duration is: CHECK ONE BOX ONLY  Perpetual (on-going)				
Date certain for dissolution		<u>_</u>		
5. The address of its principal office is:				
343 W Main St., Leola, PA 17540				
6. The name and address of the initial registered agent/office in Rhode Island:				
Agent Name	Cogency Global Inc.			
Street Address (NOT a P.O. Box)  222 Jefferson Blvd.				
City/Town Warwick	State RHODE ISLAND	Zip Code 02888		

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED STA.... JUL 2 0 2023 BY ML 9(1)

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:  Holding Company				
8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):				
NAME		ADDRESS		
Brian William	18 2	2425 New Holland Pike, Lancaster, PA 17601		
Heather Villem	emaire 2425 New Holland Pike, Lancaster, PA 17601			
	<b>.</b>		Check the box to indicate an attachment	
8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):				
OFFICE	NAME		ADDRESS	
PRESIDENT	Brian Williams	2425 No	ew Holland Pike, Lancaster, PA 17601	
VICE PRESIDENT	Justin Dudas, Tax Director	343	343 West Main St., Leola, PA 17540	
TREASURER	Ralf Fassbender	2425 No	2425 New Holland Pike, Lancaster, PA 17601	
SECRETARY	Dan Dickinson	2200 Ritten	2200 Rittenhouse St., Suite 150, Lancaster, PA 17601	
			Check the box to indicate an attachment	
<ol><li>The aggregate number par value, and series, if</li></ol>		issue; itemized by	y classes, par value of shares, shares without	
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE	
1000	Common	None	No Par Value	
10. An estimate, <b>as a percentage</b> , of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)				
%				
11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)				

12. This application must be accompanied by a <u>Certificate of Good Standing</u> formation dated within 60 days of the date of this filing.	g/Letter of Status from the state or country of		
13. Date when the Certificate of Authority will be effective: CHECK ONE BO	X ONLY		
□ Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
14. Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.			
Type or Print Name of Authorized Officer	Date		
Brian Williams, President	07/20/2023		
Signature of Authorized Office of the Corporation	ч		

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EUROFINS ENVIRONMENT TESTING AMERICA

HOLDINGS, 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

TWENTIETH DAY OF JULY, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EUROFINS ENVIRONMENT TESTING AMERICA HOLDINGS, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2019.

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

at corp delaware gov/auth

Authentication: 203786198

Date: 07-20-23