



State of Rhode Island
Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:			
EUROFINS TRANSPLANT GENOMICS, LLC			
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes ☐ No ☒			
The name, if different, under which it proposes to register and transact business in Rhode Island is:			
2. The LLC is organized under the laws of:			
DE			
3. The date of its organization is:			
3/21/2013			
And the period of its duration is: CHECK ONE BOX ONLY			
☒ Perpetual (on-going)			
☐ Date certain for dissolution _____			
4. The name and address of the resident agent/office in Rhode Island is:			
Agent Name			
Cogency Global Inc.			
Street Address (NOT a P.O. Box)			
222 Jefferson Boulevard			
City/Town	State	Zip Code	
Warwick	RHODE ISLAND	02888	
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:			
laboratory testing			
Check the box to indicate an attachment ☐			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 450 - Revised: 12/2023

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

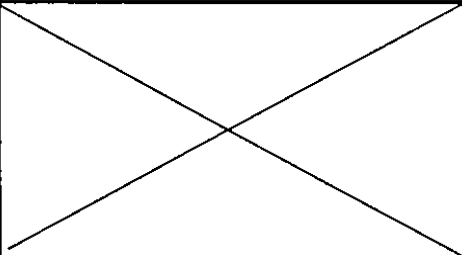
18000 W 99th St., Suite 100, Lenexa, KS 66219

8. The mailing address for the limited liability company is:

18000 W 99th St., Suite 100, Lenexa, KS 66219

9. Management of the Limited Liability Company: **CHECK ONE BOX ONLY**

☐ Members (Owners) **OR** ☒ Manager(s). Complete the chart below.
DO NOT complete the chart below.

	MANAGER(S) NAME	ADDRESS
	Brian Tees	175 Crossing Blvd. Framingham, MA 01702
	Matthew Urbanek	18000 W. 99th Street Lenexa, KS 66219

Check the box to indicate an attachment ☐

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of LLC

Eurofins Transplant Genomics, LLC

Date

6/30/2024

Signature of Authorized Person



Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EUROFINS TRANSPLANT GENOMICS, 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 TRANSPLANT GENOMICS, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF MARCH, A.D. 2013.

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



5307497 8300

SR# 20243113093

You may verify this certificate online at 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: 203902617

Date: 07-11-24



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
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:

July 12, 2024 12:13 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

