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## State of Rhode Island **Department of State - Business Services Division**

## **Application for Registration**

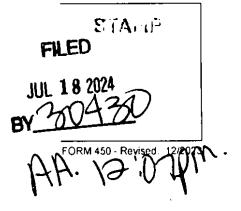
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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 Discovery Services North America, 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 pro	poses to register and transact b	usiness in Rhode Island is:		
2. The LLC is organized under the laws of: Delaware				
3. The date of its organization is:	he date of its organization is: 8/29/2012			
And the period of its duration is: CHECK ONE BOX ONLY				
X 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 ( <u>NOT</u> a P.O. Box) 222 Jefferson Boulevard				
City/Town Warwick	State RHODE ISLAND	Zip Code 02888		
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:				
TESTING/LABORATORY SERVICES				
		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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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:				
15 Research Park Dr St Charles, MO 63304				
8. The mailing address for the limited liability company is:				
6 Research Park Dr St Charles, MO 63304				
9. Management of the Limited Liability Company: CHECK ONE BOX ONLY				
Members (Owners) OR X Manager(s). Complete the chart below.				
	MANAGER(S) NAME	ADDRESS		
	See attached			
	······	Check the box to indicate an attachment X		
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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	Date			
Eurofins Discovery Services №	6/30/2024			
Signature of Authorized Person	a Edme	· · · · · · · · · · · · · · · · · · ·		

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## Eurofins Discovery Services North America, LLC

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## Manager Attachment

Name	Title	Address
Dan Dickinson	Manager	2200 Rittenhouse Street Suite A Des Moines, IA 50321 USA
Jacob Bode	Manager	13715 Rider Trail North St. Louis, MO 63045 USA
Amber Kenyon	Manager	343 West Main Street Leola, PA 17540 USA
Justin Dudas	Manager	343 West Main Street Leola, PA 17540 USA
Christina Shasser	re Manager	13715 Rider Trail North St. Louis, MO 63045 USA

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EUROFINS DISCOVERY SERVICES NORTH AMERICA, 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 TENTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EUROFINS DISCOVERY SERVICES NORTH AMERICA, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2012.

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



James W. Barline & Becordary of State

Authentication: 203894614 Date: 07-10-24

5205642 8300 SR# 20243103762 You may verify this certificate online at corp.delaware.gov/authver.shtml Page 1

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 18, 2024 12:07 PM

Treg M. Coure

Gregg M. Amore Secretary of State

