

Application for Registration FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

	s the following statements f the limited liability con			
7. The hame o		<u> </u>		
		Eurofins Discovery Services Nort	th America, LLC	
· · · · · · · · · · · · · · · · · · ·	· -	or country of formation as a low-		
The name, if d	ifferent, under which it ;	proposes to register and transact	t business in Rhode Island is:	
The LLC is organized under the laws of: Delaware				
3. The date of	its organization is:	ganization is: 8/29/2012		
And the period	of its duration is: CHE	CK ONE BOX ONLY		
□ Perpetual	(on-going)			
☐ Date certa	ain for dissolution			
4. The name a	and address of the resid	ent agent/office in Rhode Island	is:	
Agent Name		Cogency GI	lobal Inc.	
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard				
City/Town	Warwick	State RHODE ISLAND	Zip Code 02888	
5. The purpose	e or purposes which it p	roposes to pursue in the transac	ction of business in Rhode Island are:	
		TESTING/LABORATORY S	BERVICES	
			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 Manager(s). Complete the chart below. DO NOT complete the chart below.						
	MANAGER(S) NAME	ADDRESS				
	See attached					
Check the box to indicate an attachment 🔀						
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 Certific	cate of Registration will be effec	tive: 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 i	6/30/2024					
Signature of Authorized Person Justin Europe Annie of Authorized Person						

Eurofins Discovery Services North America, LLC 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 Manager	343 West Main Street Leola, PA 17540 USA
Justin Dudas	Manager 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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Delaware The First State

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.

Authentication: 203894614

Date: 07-10-24

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