



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1241391.09

tsemones
ADD

Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 11/9/2022 2:03 PM
 Fee Receipt: \$90.00

Division of Business Filings
 P.O. Box 718
 Frankfort, KY 40602
 (502) 564-3490
www.sos.ky.gov

Certificate of Authority
 (Foreign Business Entity)

Pursuant to the provisions of KRS 14A – 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a: ☒ profit corporation ☐ nonprofit corporation ☐ professional limited liability company
☐ business trust ☐ limited liability company ☐ statutory trust
☐ limited partnership ☐ ltd cooperative association ☐ other
☐ non-profit llc ☐ professional service corporation

2. The name of the entity is EUROFINS FOOD TESTING US HOLDINGS, INC.
 (The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
 (Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is DE

5. The date of organization is 10/29/2007 and the period of duration is Perpetual
 (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
2200 Rittenhouse Street, Suite 150 Des Moines IA 50321
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
828 Lane Allen Road, Suite 219 Lexington KY 40504
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is COGENCY GLOBAL INC.

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

See attached

Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing.

David Bryant, President 11/02/2022
Signature of Authorized Representative Printed Name & Title Date

I, COGENCY GLOBAL INC., consent to serve as the registered agent on behalf of the business entity.

Sheryl A. Gibbs Asst. Sec. 11/8/2022
Signature of Registered Agent Printed Name Title Date

Type	Company Name	Name	Title / Company Title
68 Manager		Gilles Martin	
69 Manager		Mary Kay Krogull	Vice President
70 Manager		Dan Dickinson	Secretary
71 Manager		Ralf Fassbender	Treasurer
72 Manager		David Bryant	Chairman and President
73 Manager		Justin Dudas	Tax Director

Position	Update Type	Address	Active
Director	DS Transmit	Avenue Herrmann Debroux 48 Bruxelles 1160 BEL	Yes
Officer	DS Transmit	2200 Rittenhouse St. Suite 150 Des Moines, IA 50321 USA	Yes
Officer	DS Transmit	2200 Rittenhouse St. Suite 150 Des Moines, IA 50321 USA	Yes
Director and Officer	DS Transmit	2425 New Holland Pike Lancaster, PA 17601 USA	Yes
Director and Officer	DS Transmit	2200 Rittenhouse St. Suite 150 Des Moines, IA 50321 USA	Yes
Officer	DS Transmit	343 West Main Street Leola, PA 17540 USA	Yes

[illegible]

DE Officer	Signing	DE Signer	Indefinite	% Ownership
------------	---------	-----------	------------	----------------

No	No	No	No	
----	----	----	----	--

No	No	No	Yes	
----	----	----	-----	--

No	Yes	No	Yes	
----	-----	----	-----	--

Yes	No	No	Yes	
-----	----	----	-----	--

No	No	No	Yes	
----	----	----	-----	--

No	No	No	No	
----	----	----	----	--