

B130000000127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

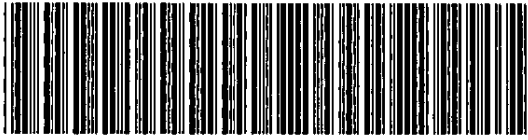
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/21/13--01016--025 **1061.25

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TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
APR 24 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WIKA INSTRUMENT I, LP
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

NANCY COX-LUPORI

Contact Person

WIKA INSTRUMENT I, LP

Firm/Company

1000 WIEGAND BLVD

Address

LAWRENCEVILLE, GA 30043

City, State and Zip Code

ncox-lupori@WIKA.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NANCY COX-LUPORI at (770) 513-8200
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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 SECRETARY OF STATE
 TALLAHASSEE, FL 32314
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. WIKA INSTRUMENT I, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. GEORGIA

State or Country of Formation

3. 12/16/2008

Date of Formation

4. Federal Employer Identification Number: 26-3895706

5. Name of Registered Agent for Service of Process and Florida Street Address:

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND RD

PLANTATION, FL 33324

6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent

Nathan S. Giffin Asst. Secretary

7. Principal Office:

1000 WIEGAND BLVD

LAWRENCEVILLE, GA 30043

8. Mailing Address:

1000 WIEGAND BLVD

LAWRENCEVILLE, GA 30043

9. If limited partnership is a limited liability limited partnership, check box .

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: WIKA MANAGEMENT INC

F-13000001288
Name of General Partner: _____

Street Address: 1000 WIEGAND BLVD
LAWRENCEVILLE, GA 30043

Street Address: _____

Mailing Address: 1000 WIEGAND BLVD
LAWRENCEVILLE, GA 30043

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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ALL INFORMATION CONTAINED
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Name of General Partner: _____ Name of General Partner: _____

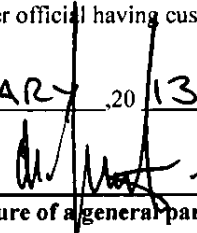
Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 11th day of FEBRUARY, 2013.



Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

| | |
|--|--|
| Filing Fees: | \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) |
| Certified Copy (optional): | \$52.50 |
| Certificate of Status (optional): | \$8.75 |

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

WIKA INSTRUMENT I, LP

Domestic Limited Partnership

was formed or was authorized to transact business on 12/16/2008 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 29th day of December, 2012

B. P. Kemp

Brian P. Kemp
Secretary of State

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ATLANTA GEORGIA