Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140001413963)))



H140001413983ABC\$

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

 Addross:			

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LAMASSEL FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

Sulzer Pump Services (US) Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

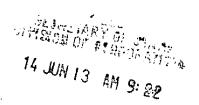
Electronic Filing Menu

Corporate Filing Menu

Help

,*

COVER LE	ITER						
TO: New Filing Section Division of Corporations							
SUBJECT: Sulzer Pump Services (L	S) Inc.						
Name of corporation -							
Dear Sir or Madam:							
The enclosed "Application by Foreign Corporation for At "Cartificate of Existence," or "Cortificate of Good Standiabove referenced foreign corporation to transact business	ng" and check are submitted to register the						
Please return all correspondence concerning this matter to Stephanie Winkler	the following:						
Name of Pa	rson						
Sulzer USA Inc.							
Firm/Compa	пу						
2277 Plaza Drive Suite 600							
Address							
Sugar Land, TX 77479	•						
City/State and	Zip code						
stephanie.winkler@sulzer.com							
E-mail address: (to be used for	future annual report notification)						
For further information concerning this matter, please call	:						
Kelli Edell832	886-2300						
	Area Code & Daytime Telephone Number						
	· ·						
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327						
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314						
Exclosed is a check for the following amount:							
	78.75 Piling Fee & S87.50 Filing Fee, Certified Copy Certified Copy						



APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	B 03T/639	IN BUOKIDA
IN COMPLIANCE REGISTER A FOR	WITH SECTION 607.1503, FLORIDA S BIGN CORPORATION TO TRANSACT	TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA.
, Sulzer Pu	mp Services (US) Inc.	
(Enter name of co	reporation; smust include "INCORPORATED. rp," "ltc.," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"
		adopted for the purpose of transacting business in Plorida)
2. Delaware	3.	46-5419277
(State or ocurriny	under the law of which it is incorporated)	(FBI number, If applicable)
4, 4/16/14	4	perpetual
	of incorporation)	(Duration: Year corp. will consu to exist or "perpetual")
v	(Data first transacted business I (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)
_{7.} 800 Koom	ey Road Brookshire, TX 7	77423
* *	(Principal office add	hesa)
same		
	(Current mailing add	ress)
8. Name and street	address of Florida registered agent: (P: CT Corporation System	O. Box NOT acceptable)
Name:		
Office Address:	1200 South Pine Island Ro	
	Plantation	, Piorida 33324
	(City)	(Zip code)
designated in this of	d as registered agent and to accept serv optication, I hereby accept the appoint	Jayna Nickell Asst, Secretary
		, not more than 90 days prior to delivery of this application to fficial having oustody of corporate records in the jurisdiction

under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman; see attached	
Address:	
Vice Chairman;	
Address:	<u> </u>
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	:
President:	·
Address:	<u>:</u>
Vice President:	
Address:	
Sporotary:	
Address:	
Trepsurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. Signature of Directors of Officers	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated is are true and that he or she is aware that false information submitted in a document to the Department of State cons a third degree felony as provided for in s.817.155, P.S.	ierein stitutes
13. Kelli Edell, Secretary	
(Typed or printed name and capacity of person signing application)	

Delaware

DACK 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SULEER PUMP SERVICES (US) INC." IS
DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS
IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS
THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF MAY,
A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5517630 8300

140591768

You may verify this cartificate online at corp. dolaware.gov/authwer.shtml

Jeffrey W. Bullock, Secretary of State

DATE: 05-08-14