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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LKCM CPI Distributi	
N	lame of Limited Liability Company
The enclosed "Application by Foreign Limited Li Existence, and check are submitted to register the	ability Compuny for Authorization to Transact Business in Florida," Certificate a shove referenced foreign limited liability company to transact business in Flork
Please return all correspondence concerning this	natter to the following:
Capitol Ser	vices Corporate Filings Team
·	Name of Person
C	apitol Services, Inc.
	Firm/Company
	00 Brazos, Suite 400
	Address
A	ustin, Texas 78701
	City/State and Zip Code
E-mail address	(to be used for future annual report notification)
For further information concerning this matter, pl	case call;
	at (800) 345-4647
Name of Person	Area Code & Daytime Tolophone Number
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
Registration Section P.O. Box 6327	Registration Section
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
e crecitational p pr 1867 f 1	Tallahassee, FL 32301
Enclosed is a check for the following am	ount:

\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy \$160.00 Filing Fee, Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

١.	LKCM CPI Distribution, L	LC			
	(Name of Foreign Limited Liability Co	impany; must include "Limited Liability Company," "L.L.C.," or "LLC.")			
con	name unavailable, enter alternate name add sont of the managers or managing member npany," "L.L.C." "LL.C.")	opted for the purpose of transacting business in Florida and attach a copy of the written adopting the alternate name. The alternate name must include "Limited Liability".			
2.	Texas	3 27-4029241			
7	Jurisdiction under the law of which foreign company is organized)				
4,	November 19, 2010	_{5.} perpetual			
	(Date of Organization)	(Duration; Year limited liability company will cense to exist or "perpetual")			
6.	N/A				
•	(Date first transa	cted business in Florida, if prior to registration.) 501 & 608.502 F.S. to determine penalty liability)			
7.	301 Commerce St., Suite	1600			
	(Street Address of Principal Office)	77/			
	Ft. Worth	TX 76102			
	(City)	(State) (Zip Code)			
8.	If limited liability company is a ma	anager-managed company, check here			
9.	9. The name and usual business addresses of the managing members or managers are as follows: (Name) (Business Address)				
	Andrew Zacharias	301 Commerce St., Suite 1600, Ft. Worth, TX 76102			
	Jacob Smith	301 Commerce St., Suite 1800, Ft. Worth, TX 76102			
	Bryan King	301 Commerce St., Sulte 1600, Ft. Worth, TX 76102			
the	Bradley Wallace Attached is an original catificate of existent jurisdiction under the law of which it is one relation of the certificate under each of the tr	301. Commerce St., Suite 1600, Ft. Worth, TX 76102 cc, no more than 90 days old, duly authenticated by the official having custody of records in anized. (A photocopy is not acceptable. If the certificate is in a foreign language, a			
11	. Nature of business or purposes to	be conducted or promoted in Florida:			
	sale of automation, Inst	rumentation, and control products and services			
	Aur	The			
	(In accordance with	member or an authorized representative of a member. section 608,408(3), F.S., the execution of this document constitutes er the penalties of perjury that the facts stated herein are true.)			
	Andrew Za	acharias			
•	Typed or printed name of signee				

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
LKCM CPI Distribution, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
Capitol Corporate Services, Inc	
(Name)	
155 Office Plaza Drive Ste A	·
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee FL 32301	
City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Gayle Windle, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

\$ 100.00
\$ 25.00
\$ 30.00
\$ 5.00
\$ 6ertifled Copy (optional)
\$ 5.00
Certifleate of Status (optional)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Hope Andrade Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for LKCM CPI Distribution, LLC (file number 801345743), a Domestic Limited Liability Company (LLC), was filed in this office on November 19, 2010.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 16, 2011.



Hope Andrade Secretary of State