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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mettler-Toledo, LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Michael McCuen
Name of Person
Mettler-Toledo, LLC
Firm/Company
1900 Polaris Parkway
Address
Columbus, OH 43240
City/State and Zip Code
michael.mccuen@mt.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael McCaren at (6/4) 538-559/ Name of Person Area Code & Daytime Telephone Number
Michael McCuen at (6/4) 538-559/ Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: [Status] \$125.00 Filing Fee \$\text{Status}\$ \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee \$\text{Certified Copy}\$ \$160.00 Filing Fee, Certificate of Status & 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:

L	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:			
1.	Mettler-Toledo, LLC			
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L	LC.")		
co	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a consent of the managers or managing members adopting the alternate name. The alternate name must include "Linompany," "L.L.C," "LLC.")	opy o	f the v Liabili	vrittei ty
	Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 34-1538688 (FEI number, if applicable)			
4.	12/22/1986 5 perpetual			
••	(Date of Organization) (Duration: Year limited liability company will exist or "perpetual")	l ceas	e to	
6.	01/01/2012			
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)			
7.	1900 Polaris Parkway		75	
	Columbus, OH 43240		JAN	(C) TO
	(Street Address of Principal Office)	カジ	19	-
	If limited liability company is a manager-managed company, check here	197 S.	AM II:	
9.	The name and usual business addresses of the managing members or managers are as follows.		59	
	Mettler-Toledo, International, Inc.			
	1900 Polaris Parkway			
	Columbus, OH 43240			
th	 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having cue jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lagranslation of the certificate under oath of the translator must be submitted.) 			ords in
1	1. Nature of business or purposes to be conducted or promoted in Florida: Manufacture,			
	sales and service of precision instruments			
	Tuesty F. Windloth			
	Signature of a member or an authorized representative of a member.			
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true. I am aware that any false information submittee	the		
	document to the Department of State constitutes a third degree felony as provided for in s.817.15	5, F.S	.)	
	Timothy F. Windholtz			

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 Co	ompany is:			
Mettler-Toledo, LLC				
If unavailable, the alternate to be used in	n the state of Florida is:			
2. The name and the Florida street addr	ress of the registered agent and office are:			
C T Corporation Sys	C T Corporation System			
	(Name)			
1200 South Pine Island Road				
Florida Street	Address (P.O. Box NOT ACCEPTABLE)			
Plantation	FL 33324			
	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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "METTLER-TOLEDO, INC." 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 TWENTY-FIRST DAY OF DECEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

2112037 8300

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Jeffrey W. Bullock, Secretary of State AUTHENTY CATION: 9245968

DATE: 12-21-11

You may verify this certificate online at corp.delaware.gov/authver.shtml