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: (850)617-6383

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Account Name : C T CORPORATION SYSTEM

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## Foreign Limited Liability Company ITT Engineered Valves, LLC

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#### **COVER LETTER**

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SUBJECT	ITT Engineered Valves, LLC		`6
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The enclose Existence, a	ed "Application by Foreign Limited Li and check are submitted to register the	iability Company for Authorization to Transact Busines above referenced foreign limited liability company to	es in Florida," Certificate of transact business in Florida
Please retur	n all correspondence concerning this i	matter to the following:	
	Nancy Thomas		
		Name of Person	
	c/o ITT Corporation		
	WOTT Composition	Firm/Company	·
	1133 Westchester Avenue, Suite	. N300	
		Address	
	White Plains, NY 10604		
		City/State and Zip Code	
, ,	nancy.thomas@itt.com	•	
	E-mail address:	(to be used for future annual report notification)	
For further i	nformation concerning this matter, ple	sase call:	
		•	
	Name of Person	at (	<del></del>
<b>M</b>		•	
	ILING ADDRESS: ision of Corporations	STREET ADDRESS: Division of Corporations	
	sistration Section . Box 6327	Registration Section	
	. Box 0327 lahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	s a check for the following amo 5.00 Filing Fee \$\int_{\text{Certificate of St}}\$	Fee & \$155.00 Filing Fee & \$160.00 Filing 1	

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#### 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: 1. ITT Engineered Valves, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") 2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4. 05/04/2011 5. Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 6. Upon Qualification (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 1133 Weschester Avenue, Suite N300, White Plains, NY 10604 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: ITT Industries Holdings, Inc., 1133 Westchester Avenue, Suite N300, White Plains, NY 10604 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having oustody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: manufacturing and sale of valves Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), P.S., the execution of this document constitutes an affirmation under the penalties of perjury that the faces stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree falony as provided for in s.817.155, F.S.)

Vincent Carey
Typed or printed name of signee

PLOST - 19/08/2010 C T Filing Manager Critics

### 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:
ITT Engineered Valves, 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:
C T Corporation System (Name)
1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)
Plantation F[_ 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.

By:

(Signature)

Anusha Putty
Vice President

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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# Delaware

DACE

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ITT ENGINEERED VALVES, LLC" 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-FIFTH DAY OF JULY, A.D. 2012.

AND I DO BEREBY FORTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4977593 8300

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for may varify this certificate online at corp.delaware.gov/authver.shtml

jeffrey W. Gullock, Secretary of State

DATE: 07-25-12