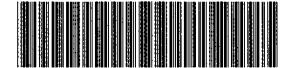
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section
Division of Corporations

_{r.} Pentair Flow Technologies, 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:

Karla Stoeckman			
Name of Person		•	
Pentair Inc.			
Firm/Company	7.5	. 201	
5500 Wayzata Boulevard, Suite 800	7	2013 HAY	
Address	., .	23	
Golden Valley, Minnesota 55416-1261		3	
City/State and Zip Code	1,14	ð	
Karla.Stoeckman@Pentair.Com		9	
E-mail address: (to be used for future annual report notification)		-	

For further information concerning this matter, please call:

Karla Stoeckman	_{at} 763 656 5349
Name of Person	Area Code & Daytime Telephone Number
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
Registration Section	Registration Section
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Enclosed is a check for the following amount:

d is a check for the	ionowing amount.		
\$125.00 Filing Fee	□ \$130.00 Filing Fee &	□ \$155.00 Filing Fee &	□ \$160.00 Filing Fee, Certificate
	Certificate of Status	Certified Copy	of Status & Certified Copy

Tallahassee, FL 32301

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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA	:
1. Pentair Flow Technologies, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company)	Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting busing consent of the managers or managing members adopting the alternate name. The alternate Company," "L.L.C," "LLC.")	ate name must include "Limited Liability
2. Delaware (Jurisdiction under the law of which foreign limited liability 3. (FEI)	8
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI)	number, if applicable)
4. 12/12/2002 _{5.} Perpetual	
	imited liability company will cease to
6	20
(Date first transacted business in Florida, if prior to registr (See sections 608.501 & 608.502 F.S. to determine penalty	
_{7.} 5500 Wayzata Boulevard, Suite 800	liability)
Golden Valley, Minnesota 55416-1261	3 · · · · · · · · · · · · · · · · · · ·
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check he	
9. The name and usual business addresses of the managing members or	managers are as follows:
Angela D. Lageson - 5500 Wayzata Boulevard, Suite 800, Go	olden Valley, MN 55416-1261
Michael V. Schrock - 5500 Wayzata Boulevard, Suite 800, Go	olden Valley, MN 55416-1261
10. Attached is an original certificate of existence, no more than 90 days old, duly authentithe jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If translation of the certificate under oath of the translator must be submitted.)	the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or promoted in Flori	_{da:} To manufacture
and/or sell fluid pumps and related accessories.	
	•
Signature of a member or an authorized representa	ative of a member
(In accordance with section 608.408(3), F.S., the execution of this document of	
penalties of perjury that the facts stated herein are true. I am aware that any	

Typed or printed name of signee

Angela D. Lageson

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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	fthe Limited Lia	bility Company is:			
Pentair Flow Tech	mologies, LLC				_
If unavailable, t	he alternate to be	e used in the state of Florida is:			
2. The name ar	nd the Florida str	eet address of the registered agent and office are:	·····································	201	_
		C T Corporation System		2013 MAY 23	- (1
		(Name)		Y 23	N N
		1200 South Pine Island Road	er. er. Fand		
	Flor	rida Street Address (P.O. Box NOT ACCEPTABLE)		e0 4	
	Plantation	FL 33324	787	Ψ	
	-	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: Michele Miller Assistant Secretary

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

Delaware

DACE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "PENTAIR FLOW TECHNOLOGIES, 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 SECOND DAY OF MAY, A.D. 2013.

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.

2013 MAY 23 AM 8: 09

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Jeffrey W. Bullock, Secretary of State AUTHENTY CATION: 0401825

DATE: 05-02-13

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