Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Foreign Limited Liability Company FLOWTRONEX PSI, LLC

Certificate of Status	0
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Page Count	06
Estimated Charge	\$155.00

K. SALY EXAMINER AUG 1 6 2013

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Corporate Filing Menu

Help

CR25027 (9/10)	COVER LETTER				
	ation Section of Corporations				
SUBJECT:	owtronex PSI, LLC				
30D0EG11	Name of Limited Liability Company				
The enclosed ". Existence, and	pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifical neck are submitted to register the above referenced foreign limited liability company to transact business in Flo	io o ridi			
Please return al	correspondence concerning this matter to the following:				
	Lawrence Ault				
	Name of Person				
	Flowtronex PSI, LLC				
	Firm/Company				
	1133 Westchester Avenue				
	Address				
	White Plains, NY 10604				
,	City/State and Zip Code				
	lawrence.ault@xylemine.com				
	E-mail address: (to be used for future annual report notification)				
For further info	malion concerning this matter, please call:				
Law	nnce Ault 914 323-5700				
	Name of Person Area Code & Daytime Telephone Number				
Divisi Regist P.O. E	NG ADDRESS: n of Corporations ption Section ption Section ption Section ption Section Clifton Building seco, FL 32314 Clifton Building Tallahassee, FL 32301				
	check for the following amount: .00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certificate Certificate of Status				

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: Flowtronex PSI, 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.") Novada (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 04-08-1998 Perpetual (Date of Organization) (Duration; Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, Il prior to registration.)
(See sections 608.501 & 608.502 P.S. to determine penalty liability) 10661 Newkirk Road Dallns, TX 75220 (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: Xylent inc. 1133 Westchester Avenue White Plains, NY 10604 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody 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 of pumps and pump equipment

Typed or printed name of signee

Brica Plores, Assistant Secretary

Signature of a member or an authorized representative of a member.

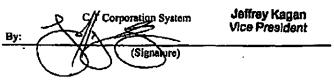
(In accordance with section 608.408(3), P.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided 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 the Limited Liability Company is: FLOWTRONEX PSI, LLC				
If unavailable, the alternate to be used in the state of Florida is:				
2. The name and the Florida stre	et address of the registered agent and office are:			
	C T Corporation System			
	(Name)			
	1200 South Pine Island Road			
Flori	da Sircet 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)

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Flowtranez PSI, LLC OfficeN's and Bluetten's 75-2569750	Ren Hapoltano Shadhank Patd Anne Dobson Christy Dusne Chris lamieron Dariel Kelly Travis Khrich Audeyy Finbarion Don Roy Scott Sharer Keth Richey Lude tynch Scott Sharer Keth Richey Lude tynch Scott Sharer Keth Richey	Grector's
	President Who President, Trassurer and Controller Who President, Socretary & General Coursel Who President And President And Andreast Secretary	Jane Dobson Ken Rhpolitimo Mitteri Sondren

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, FLOWTRONEX PSI, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 30, 1996, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20130809-2199
You may verify this electronic certificate
online at http://www.nvaos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 9, 2013.

ROSS MILLER Secretary of State

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