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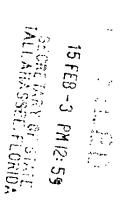
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

## Pentair Valves & Controls, 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:

Pentair, Inc.
Pentair, Inc.
Firm/Company
5500 Wayzata Blvd, Suite 800
Address
Golden Valley, MN 55416
City/State and Zip Code
karla.stoeckman@pentair.com

For further information concerning this matter, please call:

### Karla Stoeckman

<sub>#/</sub>763 \ 656-5349

Name of Contact Person

Area Code

Daytime Telephone Number

#### **MAILING ADDRESS:**

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Pentair Valves & Controls, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C	2.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The altern iability Company," "L.L.C," or "LLC.")	ate name must include "Limited
Texas 3.	
(Jurisdiction under the law of which foreign limited liability (FEI number, if a company is organized)	pplicable)
Upon qualification	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
10707 Clay Road, Suite 200	
Houston, TX 77041	t
(Street Address of Principal Office)	
5500 Wayzata Blvd, Suite 800	
Golden Valley, MN 55416	\$ 1 L
(Mailing Address)	Fig. 32
The name, title or capacity and address of the person(s) who has/have authority to	o manage is/are.
ngela Lageson, Manager, 10707 Clay Road, Suite 200, Hous	ston, TX 77041
hris Stevens, Manager, 10707 Clay Road, Suite 200, Hous	ton. TX 77041
lichael Meyer, Manager, 10707 Clay Road, Suite 200, Hous	ston, 1 × 7 / 04 1
Attached is an original certificate of existence, no more than 90 days old, duly autiving custody of records in the jurisdiction under the law of which it is organized. (exptable. If the certificate is in a foreign language, a translation of the certificate unset be submitted)	A photocopy is not
Mal 7	<del></del>
Signature of an authorized person coordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perware that any false information submitted in a document to the Department of State constitutes a third degree felony as pro-	
Angela Lageson	
Typed or printed name of signee	<del></del>

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If unavailable, the alternate to be used in the state of Florida is:					
2. The name	and the Florida street ac	ddress of the registered agent and office are:			
	Corporation	Service Company			
		(Name)	-		
•		Street Suite 105			
	Florida St	treet Address (P.O. Box NOT ACCEPTABLE)	_ <b>≥</b> 22 -		
	Tallahassee	<sub>FL</sub> 32301	CARE!		
		City/State/Zip	\$ 500 P		
	named as revistered aver	nt and to accept service of process for the above	stated limited		
liability compo registered age statutes relativ accept the obl	any at the place designa ent and agree to act in th ng to the proper and con	sted in this certificate, I hereby accept the appoint is capacity. I further agree to comply with the pinplete performance of my duties, and I am familias registered agent as provided for in Chapter 60	tment as rovisions of al ar With and		
liability comp registered age statutes relati	any at the place designa ent and agree to act in th ng to the proper and con	ated in this certificate, I hereby accept the appoint his capacity. I further agree to comply with the pi applete performance of my duties, and I am familia	tment as rovisions of al ar With and		

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



### 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 Conversion for Pentair Valves & Controls, LLC (file number 802125997), a Domestic Limited Liability Company (LLC), was filed in this office on December 30, 2014.

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

Delayed Effective date: December 31, 2014

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 January 12, 2015.



FEB -3 PM 12: 59
ALIANSSEE FLORIDA BERRY

NANDOWN BERRY

Nandita Berry Secretary of State

Phone: (512) 463-5555

Fax: (512) 463-5709