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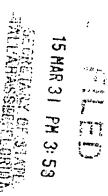
(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: LUTHAN ELECTRIC METER TESTING, L.L.C.				
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:				
Charles R. Book, Jr.				
Name of Person				
Luthan Electric Meter Testing, LLC				
Firm/Company				
625 Birkhead Ave.				
Address				
Owenboro, KY 42303				
City/State and Zip Code				
cbook@luthanmeter.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Charles R. Book, Jr. Name of Contact Person Area Code Daytime Telephone Number				
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: \$\Bigsiz \frac{1}{2} \frac{1}				

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:

1. Luthan Electric Meter Testing, L.L.C. (Name of Foreign Limited Liability Company; must included Liability Company)	ide "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of ti Liability Company," "L.L.C," or "LLC.")	ransacting business in Florida. The alternate name must include "Limited
	₃ 61-1375315
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4 Est. Start Date 04/25/15	•
(Date first transacted business in (See sections 605.0904 & 605.0905	Florida, if prior to registration.) F.S. to determine penalty liability)
5. 625 Birkhead Ave	
Owensboro, KY 42303	
	of Principal Office)
6. 625 Birkhead Ave	
Owensboro, KY 42303	4 1
(Maili	ng Address)
7. The name, title or capacity and address of the personal states of the personal states are states as a state	ion(s) who has/have authority to mailing is/an:
Charles R. Book, Jr Preside	ent 👸 🛎 📻
625 Birkhead Ave	
Owensboro, KY 42303	5.5 7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.
having custody of records in the jurisdiction under the	nore than 90 days old, duly authenticated by the official law of which it is organized. (A photocopy is not a translation of the certificate under eath of the translation.)

must be submitted)

Signature of an authorized person

(In accordance with section 605.0203, F.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.)

Charles R. Book, Jr.

Typed or printed name of signee

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.

	of the Limited Liability of the Limited Liability of the tric Meter Testing, L.L.C.	• •	
If unavailable	e, the alternate to be used	d in the state of Florida is:	
2. The name	and the Florida street ad	ddress of the registered agent and office are:	
	InCorp Services, Inc.	2 .	
		(Name)	-
	17888 67th Court No	orth	
	Florida Str	reet Address (P.O. Box NOT ACCEPTABLE)	
	Loxahatchee	33470 FL	
		City/State/Zip	5
liability comp registered ago statutes relati	any at the place designate ent and agree to act in thi ing to the proper and com	nt and to accept service of process for the above ted in this certificate, I hereby accept the appoin is capacity. I further agree to comply with the puplete performance of my duties, and I am familias registered agent as provided for in Chapter 60	ntmenfas of all provisions of all in and with and with 15, Flavida with 15, Flavida
) C	on behalf of Incorp Services (Signature)	i, Inc.
	\$ 2	00.00 Filing Fee for Application 25.00 Designation of Registered Agent 30.00 Certified Copy (optional)	

\$ 5.00 Certificate of Status (optional)

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 161354

Visit https://app.sos.kv.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

LUTHAN ELECTRIC METER TESTING, L.L.C.

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is September 1, 2000 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 10th day of March, 2015, in the 223rd year of the Commonwealth.

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Alison Lundergan Grimes
Secretary of State

Commonwealth of Kentucky

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