M16000004640

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



500286037315

05/24/16--01024--003 **125.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

May 27, 2016

JOSH FISHBACK 227 WATER ST SUITE 300 MILFORD, OH 45150

SUBJECT: INTEGRATED TEST & MEASUREMENT (ITM), LLC

Ref. Number: W16000039331

We have received your document for INTEGRATED TEST & MEASUREMENT (ITM), LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers Regulatory Specialist III Registration/Qualification Section

Letter Number: 816A00011268

COVER LETTER

	Registration Section Division of Corporation	s				
SUBJEC	T. INTEGRATED	TEST & MEASU	NEMENT (27M), L	kc		
		Name of	Limited Liability Company	<u>-</u> -		
				insact Business in Florida," Certificate of company to transact business in Florida		
Please ret	turn all correspondence c	oncerning this matter to the	following:			
		JOSH FISHBACK	ame of Person			
		N	ame of Person			
	IN1	EGNATED TEST	& MEASUREMENT			
	Firm/Company					
	227	WATER STREET	SU4TIE 300			
			S∪ <i>¢TIE 300</i> Address			
MILFORN OH 45150						
МІСБОПЬ, ОН 45150 City/State and Zip Code						
	· josl	n.fishback @i.	Hes+system. com d for future annual report not			
		E-mail address: (to be use	d for future annual report not	ification)		
For further	er information concerning	g this matter, please call:				
	Jos H F.	TSHISA CIC	at (<u>844</u>) <u>83°</u> Area Code Day	7-8797		
-	Name o	f Contact Person	Area Code Day	time Telephone Number		
]	MAILING ADDRESS:		STREET	ADDRESS:		
Division of Corporations			Division of Corporations			
Registration Section			Registration Section			
				Clifton Building		
•	Tallahassee, FL 32314			ecutive Center Circle see, FL 32301		
	is a check for the follow \$125.00 Filing Fee	ing amount: \$\Bigsim \\$130.00 \text{ 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 RUNNINGS. IN THE STATE OF FLORIDA:

	TEST MARASUNE. gn Limited Liability Company; n		して Dility Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter alt Liability Company," "L.L.C,"	ernate name adopted for the purp or "LLC.")	_		
2. S. CORP	6 H 16 of which foreign limited liability	33/-/	785799 (FEI number, if applicable	
company is organized)	or which foreign fimited hability		(FEI number, ii applicable	,
4N/A				_
	(Date first transacted busi (See sections 605.0904 & 6			
5. 227 WATER	STREET, SUITE 300			_
MICFORD O	H 45150			•
	(Street Address of	of Principal Office)		
6. SAME AS ABOU	H 45150 (Street Address o		-1	- 1. 1. co
	(Mailin	g Address)		- 63 to 1. 1
7. Name and street address	of Florida registered agent: (P.O. Box NOT accept	able)	
	REGISTERED AGENTS	_	40.4	
Name:	**************************************		_	25 18 NO
Office Address:	3030 N. Rocky Point	Drive, STE 150A	-	(1945년 - 1945년 - 1945 - 기계 - 1945년 -
	TAMPA		, Florida 33607 (Zip code)	_
Registered agent's accept	•		(Zip code)	
this application, I hereby a	Bel Han	istered agent and agre and complete performa Bill Havre/	e to act in this capacity. I unce of my duties, and I an Assistant Secretary/	further agree to comply
		istered agent's signature)		
-	city and address of the person	(s) who has/have author	rity to manage is/are:	
TIM CARLIER,	PRESIDENT:	227 WATER STR	EET, SUITE 300	MILKOND, OH 4515C
RYAN WELKER, P	MOSECT MANAGER 2	27 WATER STR	ZET, SUETE 300 A	NELFORD, OIT 45150
JOSH FISHBACK, OF	FILE MUAGE 2			
9. Attached is a certificate jurisdiction under the law of the translator must be su		days old, duly authentic certificate is in a forei	gn language, a translation o	custody of records in the of the certificate under oath
	in accordance with section 60 the Department of State const	5.0203 (1) (b), Florida	Statutes. I am aware that an	
	1 1	PAULTEN		

Typed or printed name of signee

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show INTEGRATED TEST AND MEASUREMENT (ITM), LLC, an Ohio Limited Liability Company, Registration Number 1229520, was organized within the State of Ohio on May 15, 2001, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 7th day of June, A.D. 2016.

Ohio Secretary of State

Validation Number: 201615900456