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Florida Department of State

Division of Corporations

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Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000090023
Phone : (614) 280-3338
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Email Address: _____

**Foreign Limited Liability Company
KEITHLEY INSTRUMENTS, LLC**

Certificate of Status	0
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Estimated Charge	\$125.00

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**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. Keithley Instruments, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Ohio 3. 34-0794417
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Not yet commenced
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 28775 Aurora Rd.
Solon, OH 44139
(Street Address of Principal Office)

6. 28775 Aurora Rd.
Solon, OH 44139
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Alfred Younan
(Registered agent's signature) **Assistant Secretary**

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Monti J. Ackerman, Manager, 6920 Seaway Blvd., Everett, WA 98203

Emily Weaver, Manager, 6920 Seaway Blvd., Everett, WA 98203

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

x Monti J. Ackerman
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Monti J. Ackerman, Manager
Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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

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SECRETARY OF STATE
COLUMBUS, OHIO

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 KEITHLEY INSTRUMENTS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 249998, was organized within the State of Ohio on September 27, 1955, 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 13th day of March, A.D. 2017.

Jon Husted

Ohio Secretary of State

Validation Number: 201707204730