

MA0000001794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

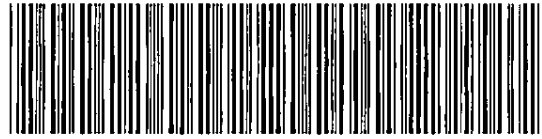
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2020 FEB 14 A 8:54
TALAMON, PA 19153

FEB 17 2021
T. LEWELLYN

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 181090 7890454
AUTHORIZATION : *[Signature]*
COST LIMIT : \$125.00

ORDER DATE : February 13, 2020
ORDER TIME : 9:52 AM
ORDER NO. : 181090-010
CUSTOMER NO: 7890454

FOREIGN FILINGS

NAME: CIRCOR ENERGY PRODUCTS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT#

EXAMINER: _____

FILE 2nd

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CIRCOR Energy Products, 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:

Jacqueline Lucas

Name of Person

CIRCOR Energy Products, LLC

Firm/Company

30 Corporate Drive, Suite 200

Address

Burlington, MA 01803

City/State and Zip Code

officeofthegeneralcounsel@circor.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline Lucas

781

270-1235

Name of Contact Person

at ()

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$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:

1. CIRCOR Energy Products, 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. Oklahoma 73-0939537
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2/11/2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1500 SE 89th Street 30 Corporate Drive, Suite 200
(Street Address of Principal Office) (Mailing Address)
Oklahoma City, OK 73149 Burlington, MA 01803

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

Name: Corporation Services Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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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.

[Handwritten Signature]
Kadesha Roberson
Asst. Vice President
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:
 Manager Name: Scott A. Buckhout
 Member Address: 30 Corporate Drive, Suite 200
 Authorized Burlington, MA 01803
 Person Manager and President
 Other _____ Other _____

Title or Capacity: Name and Address:
 Manager Name: Chadi Chahine
 Member Address: 0 Corporate Drive, Suite 200
 Authorized Burlington, MA 01803
 Person Manager and Vice President
 Other _____ Other _____

Manager Name: Andrew Farnsworth
 Member Address: 30 Corporate Drive, Suite 200
 Authorized Burlington, MA 01803
 Person Vice President
 Other _____ Other _____

Manager Name: David Mullen
 Member Address: 30 Corporate Drive, Suite 200
 Authorized Burlington, MA 01803
 Person Vice President
 Other _____ Other _____

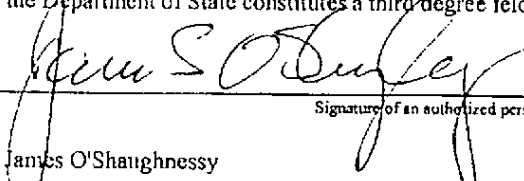
Manager Name: James O'Shaughnessy
 Member Address: 30 Corporate Drive, Suite 200
 Authorized Burlington, MA 01803
 Person Secretary
 Other _____ Other _____

Manager Name: Tanya Dawkins
 Member Address: 30 Corporate Drive, Suite 200
 Authorized Burlington, MA 01803
 Person Treasurer
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.



 Signature of an authorized person
 James O'Shaughnessy

 Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING
DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that CIRCOR ENERGY PRODUCTS, LLC whose registered agent is CORPORATION SERVICE COMPANY, with its registered office at 10300 GREENBRIAR PLACE, OKLAHOMA CITY 73159 7653 USA Oklahoma is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 14th, day of February, 2020.

[Handwritten signature]

Secretary Of State