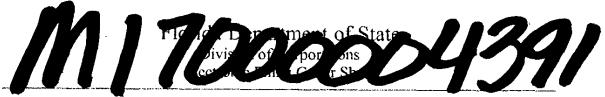
Division of Corporations



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COVER LETTER

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Name of Limited Liability Company							
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Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			STREET ADD Division of Cor Registration Sec Clifton Building 2661 Executive Tallahassee, FL	porations of stion of Conter Circle	A 11: 59	
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filh Certified Copy	•	160.00 Filing Pec, Gatus & Certified Co		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WILLI SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Caliber Collision Trans	port Services LLC				
(Name of Fore	ign Limited Liability Compa	any; must include "Limited Lin	ability Company," "L	,L,C.," or "LLC.")	
(If name unavoilable, enter al Liability Company," "L.L.C,"	ternate name adopted for the	purpose of transacting busine	ess in Florida, The alto	ernate name must inch	ide "Limited
2 Delaware		3			
(Insistiction under the law company is organized) n/a	of which foreign limited liab	illty	(FEI number, it's	pplicable)	
<i>4</i>	(Date first transactor	d business in Florida, if prior t 4 & 605.0905, F.S. to determine	o registration.)	·	
5. 401 E. Corporate Drive		e ac account to account	ne penany naminy)	7. 2	
Lewisville, TX 75057				SECRET	1
6, 401 H. Corporate Drive	•	ress of Principal Office)		Y 22	TED
Lewisville, TX 75057		,	v	E of D	111
	A}	dailing Address)		S. =	0
7. Name and street address	s of Florida registered ago	ent: (P.O. Box NOT accep	otable)	STATI LORI	•
Name:	C T Corporation System	n		Orr A	
Office Address:	1200 South Pine Island	Road			
	Plantation		, Florida 33324		
designated in this application to complywith the pravision accept the obligations of t	gistered agent and to acc tion, I hereby accept the c ons of all statutes relative ny position as registered	ept service of process for the appointment as registered at the proper and complete agent. (Registered agent's signature	agent and agree to te performance of r LBbW	act in this vapacity.	. I further agree familiar with am olden
8. The name, title or caps	city and address of the pe	erson(s) who has/have author	ority to manage is/a	re:	
Steven II. Grimshaw, Pres	sident				
Mark Sanders, Vice Presid	lent	J, Robert Gary, CF	O and Treasurer		
Gregory M. Nichols, Chie	f Administration Officer,	General Counsel, and Secr	etary		
	of which it is organized. (abmitted)	n 90 days old, duly authent If the certificate is in a fore ignature of an authorized person	ien language, a tran		
	the Department of State	on 605,0203 (1) (b), Florida constitutes a third degree fe			noitem
	Gregory M. Nichols, Sec				
	ſЯ	ped or printed name of signer	:		



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CALIBER COLLISION TRANSPORT SERVICES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN Q\$ ASSESSED TO DATE.

. . .

6372734 8300 SR# 20173765253

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202572584

Date: 05-19-17

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