

7/9/2021

Division of Corporations

MAI 00008762

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
Caliber Bodyworks LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$155.00 |

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1/1

**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. Caliber Bodyworks 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. California 3. 33-0728858
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/31/2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2941 Lake Vista Drive 6. 2941 Lake Vista Drive
(Street Address of Principal Office) (Mailing Address)
Lewisville, TX, 75067 Lewisville, TX, 75067

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

Name: C T 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.

By: C T Corporation System by Kimberly Laughrey, Asst. Secretary
(Registered agent's signature)

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TALLAHASSEE, FL

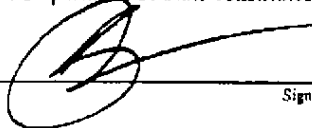
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--|--------------------------------|--|--------------------------------|
| <input type="checkbox"/> Manager | Name: CH Hold LLC | <input type="checkbox"/> Manager | Name: Gregory M. Nichols |
| <input checked="" type="checkbox"/> Member | Address: 2941 Lake Vista Drive | <input type="checkbox"/> Member | Address: 2941 Lake Vista Drive |
| <input type="checkbox"/> Authorized | Lewisville, TX, 75067 | <input checked="" type="checkbox"/> Authorized | Lewisville, TX, 75067 |
| Person | | Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager | Name: | <input type="checkbox"/> Manager | Name: |
| <input type="checkbox"/> Member | Address: | <input type="checkbox"/> Member | Address: |
| <input type="checkbox"/> Authorized | | <input type="checkbox"/> Authorized | |
| Person | | Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager | Name: | <input type="checkbox"/> Manager | Name: |
| <input type="checkbox"/> Member | Address: | <input type="checkbox"/> Member | Address: |
| <input type="checkbox"/> Authorized | | <input type="checkbox"/> Authorized | |
| Person | | Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> 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
 Gregory M. Nichols

 Typed or printed name of signer



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: CALIBER BODYWORKS LLC
File Number: 202106210202
Registration Date: 02/12/2021
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of July 8, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 9, 2021.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: RGNQ1VZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bizfile.sos.ca.gov/certification/index.