# M200013852

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THE DESIGNATIONS

T. LEMIEUX AUG 1 7 2022

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 884945 7766754

AUTHORIZATION: Spelle man

COST LIMIT : \$ 125.00

\_\_\_\_\_\_

ORDER DATE : August 15, 2022

ORDER TIME : 9:14 AM

ORDER NO. : 884945-010

CUSTOMER NO: 7766754

\_\_\_\_\_

#### FOREIGN FILINGS

NAME: CALIBRANT ILLINOIS BATTERY

I, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

\_\_\_\_\_\_ CERTIFICATION OF COOR STREET

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

#### COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Calibrant Illinois Battery I, I	LLC
2011013	<u>.</u>	Name of Limited Liability Company
		ited Liability Company for Authorization to Transact Business in Florida," Certificate of ter the above referenced foreign limited liability company to transact business in Florida.
Please r	eturn all correspondence concerning	g this matter to the following:
		Name of Person
	Corporation Service Co	ompany
		Firm/Company
	1201 Hays Street	
		Address
	Tallahassee, FL 32301	I
		City/State and Zip Code
	Macquarie@cscglobal.c	om
	E-mail a	address: (to be used for future annual report notification)
For furt	her information concerning this made	tter, please call:
	Name of Contact	Person Area Code Daytime Telephone Number
	Name of Contact	Person Area Code Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
	Tallahassee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
		ing amount:  ORIDA DEPARTMENT OF STATE  0.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLANCE WITH SECTION 605/0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Calibrant Illinois Batte	ry I, LLC .imited Liability Company; must include "Lim	ned Liability	Company," "L.L.C.," or "LLC.")		-
					_
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in	Florida The	alternate name must include "Limited Liah	ifity Company," "L.L.C," or "	(LLC.")
Delaware 2.		3			
(Jurisdiction under the law of wh	arch foreign limited liability company is organized)	J.	(FEI number	, if applicable)	_
4.					
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to dete	io registration rmine penalty	liability)		
311 North Bayshore 5.		6	311 North Bayshore Drive		
(Street Address of Principal Office)		Ű.	(Mailing Address)	₩ ;- ~o	_
Safety Harbor, FL 34	695		Safety Harbor, FL 34695	2022 A	
			· · · · · · · · · · · · · · · · · · ·	- <del>2</del> 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
				<u> </u>	-[m
<ol> <li>Name and <u>street addres</u></li> <li>Name:</li> </ol>	s of Florida registered agent: (P.O. Be	0x <u>NOT</u> :	acceptable)	AM II: 56 Frearch	
Office Address:	1201 Hays Street				
	Tallahassee		32301 . Florida		
	(City)		(Zap code)		
designated in this applica- to comply with the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the prop to of my position as registered agent. Corporation Service Company  By:  (Registered agent	t as registiver and co	ered agent and agree to act in	this capacity. I furt	ther agree

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:	Title or Capacity:		Name and Address:
■Manager	Name: Calibrant Mako, LLC	□Manager	Name:	
■Member	Address: 311 North Bayshore Drive	□Member	Address:	
□Authorized	Safety Harbor, FL 34695	□Authorized		
Person		Person	<del></del>	
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person	·	Person		
Other	□Other	□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.

Mignature of an authorized person

Diana Delgado, Authorized Representative



## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CALIBRANT ILLINOIS BATTERY I, 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 FIFTEENTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CALIBRANT ILLINOIS BATTERY I, LLC" WAS FORMED ON THE FIFTH DAY OF AUGUST, A.D. 2022.

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



Jeffrey W. Bullock, Secretary of State

6953527 8300 Authentication: 204166824