## M2200015942

	(Requestor's Name)	
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PICK-UP	TIAW	MAIL
	(Business Entity Name)	
	(Dusiness Littly Name)	
	(Document Number)	
Certified Copies	Certificates of Si	tatus
Special Instructions to	Filing Officer:	





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922 OCT 17 PH 3: 29

S. FRANKLIN OCT 18 2022 CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	1200000001	195	
	REFERENCE	:	056906	7766754	
	AUTHORIZATION	;	Finell &	Ran	
	COST LIMIT	:	\$ 125.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ORDER DATE :	October 17, 2022				
ORDER TIME :	2:21 PM				
ORDER NO. :	056906-005				
CUSTOMER NO:	7766754				<u>;</u> ;
	FOREIGN F	ILI	<u>NGS</u>		
NAME:	CALIBRANT NY	II,	LLC		# # ** **
XXXX QUALIFI	CATION (TYPE: <u>L</u>	<u>L</u> )			
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILI	ING:	
XX PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD ST	AND	ING		

EXAMINER: \_\_\_

CONTACT PERSON: Alexxis Weiland -- EXT#

## **COVER LETTER**

TO:

Registration Section

Div	rision of Corporations		
SUBJECT:	Calibrant NY II, LLC		
SOMECT	Nam	e of Limited Liability Company	
		Company for Authorization to Transact Business in Florida,' referenced foreign limited liability company to transact busin	
Please return	all correspondence concerning this matter t	o the following:	
		Name of Person	
	Corporation Service Company		
		Firm/Company	
	1201 Hays Street		
		Address	
	Tallahassee, FL 32301		
	C	ity/State and Zip Code	
	Macquarie@cscglobal.com		
	E-mail address: (to be	e used for future annual report notification)	
For further in	nformation concerning this matter, please ca	II:	77
		at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	4
Reg	iling Address: gistration Section	Street Address: Registration Section	# []
	vision of Corporations D. Box 6327	Division of Corporations The Centre of Tallahassee	
	llahassee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Plea	losed is a check for the following amount: ase make check payable to: <b>FLORIDA DEP</b> \$125.00 Filing Fee S130.00 Filing Fe Certificate of	e & 🗆 \$155.00 Filing Fee & 🗔 \$160.00 Filing Fee,	

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED ITABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	orida The	alternate name must include "Limited Liability Co-	mpany," "L.t. C," or "L
Delaware		2		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	٥.	(FEI number, if appli	cable)
October 17, 2022				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration ne penalty	liability)	
311 North Bayshore Drive		6	11 North Bayshore Drive	
reet Address of Principal Office)		0.	(Mailing Address)	
Safety Harbor, FL 34	695		Safety Harbor, FL 34695	
Name and street address	s of Florida registered agent: (P.O. Box	NOT a	acceptable)	7 (27) (27)
Name:	Corporation Service Company			 !
Office Address:	1201 Hays Street		. <u></u>	: سر بر بر
	Tallahassee		32301 . Florida	
	(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.

Corporation Service Company

By: (llexus Ulitar assistant vice president

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: Title or Capacity: Name and Address: Name and Address: Name: \_\_\_ Calibrant Mako, LLC Name: \_\_\_\_\_\_ □Manager □Manager Address: \_\_\_ Address: \_\_\_\_ ■Member □ Member Safety Harbor, FL 34695 □ Authorized □ Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_\_ Name: □Manager Name: □Manager □Member □Member Address: \_\_\_\_\_ Address: \_\_ ☐ Authorized □ Authorized Person Person □Other \_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ □Other Name: □Manager Name: □Manager □Member Address: □Member Address: \_\_\_\_\_ □ Authorized ☐ Authorized Person Person Other □ Other\_\_\_\_\_ □ Other\_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Diana Delgado, Authorized Representative

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "CALIBRANT NY II, 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CALIBRANT NY II,

LLC" WAS FORMED ON THE SEVENTH DAY OF OCTOBER, A.D. 2022.

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

Authentication: 204636387

Date: 10-17-22

7073532 8300 SR# 20223787087