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S. ROBERTS NOV -1 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 089222 7766754

AUTHORIZATION : Syrull

COST LIMIT : "\$ 125.00

ORDER DATE: October 31, 2022

ORDER TIME : 9:27 AM

ORDER NO. : 089222-005

CUSTOMER NO: 7766754

FOREIGN FILINGS

NAME: CALIBRANT CALIFORNIA I, 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: Alexxis Weiland -- EXT#

EXAMINER: ____

COVER LETTER

 $\boldsymbol{e} = \{\boldsymbol{e}_{i}, \boldsymbol{e}_{i}, \boldsymbol{e}_{$

TO:	Registration Section Division of Corporations	
SUBJEC	Calibrant California I, LLC	
50,170,130		ne of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please re	eturn all correspondence concerning this matter t	to the following:
		Name of Person
	Corporation Service Company	
	Firm/Company	
	1201 Hays Street	
		Address
	Tallahassee, FL 32301	
	C	City/State and Zip Code
	Macquarie@cscglobal.com	
	E-mail address: (to be	e used for future annual report notification)
For furth	ner information concerning this matter, please ca	II:
		at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address:	Street Address:
Registration Section Division of Corporations P.O. Box 6327		Registration Section
		Division of Corporations
		The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP \$125.00 Filing Fee \$130.00 Filing Fee Certificate of	e & 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Calibrant California I,					
(Name of Foreign	Limited Liability Company; must include "Limited	I Liability Con	npany," "L.L.C.," or "LLC.")		
f name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida. The altern	ate name must include "Limited Liabil	ity Company," "L	L.C," or "L.L.C.
Delaware		3.			
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, i	(FEI number, if applicable)	
10/25/2022					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration) ne penalty liabili	iy)		
311 North Bayshore Drive			1 North Bayshore Drive		
reet Address of Principal Office)		0	(Mailing Address)		
Safety Harbor, FL 34695			fety Harbor, FL 34695		
					8
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acce	ptable)		5 KOV - I
Name:	Corporation Service Company			4,8	AK
Office Address:	1201 Hays Street		_		10: 56
	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: Ulum Assistant va 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: Name and Address: Title or Capacity: Name and Address: Name: Calibrant Mako, LLC Name: _____ □Manager □Manager Address: ___ **≘**Member □Member Address: _____ Safety Harbor, FL 34695 ☐ Authorized □ Authorized Person Person □Other _____ □ Other Other Other Name: □Manager □Manager □ Member Address: Address: □Member ☐ Authorized ☐ Authorized Person Person □Other_____ Other____ □ Other_____ □Other____ □Manager Name: □Manager Name: Address: _____ Address: □Member □Member □ 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. 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 CALIFORNIA 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CALIBRANT CALIFORNIA I, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF OCTOBER,

A.D. 2022.

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



Authentication: 204745803

Date: 10-31-22