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(City/State/Zip/Phone #)

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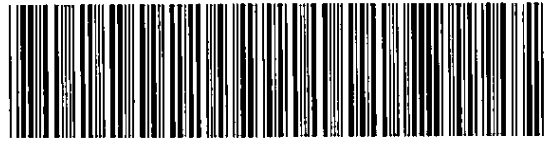
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: U.S. MOBILE CALIBRATIONS, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ALEXANDER EPSTEIN

Name of Person

U.S. MOBILE CALIBRATIONS

Firm/Company

16811 NE 6 AVE

Address

N. MIAMI BEACH, FL 33162

City/State and Zip Code

ALEX@USMOBILECALIBRATIONS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEX EPSTEIN

954

228-3460

Name of Contact Person

at (_____)

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. U.S. MOBILE CALIBRATIONS, 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. DELAWARE 3. 92-0955720
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2/9/23 (was FL LLC. Base just moved to DE, FL LLC dissolved. Registering DE LLC as foreign LLC)
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)


5. 16811 NE 6TH AVE 6. 16811 NE 6TH AVE
(Street Address of Principal Office) (Mailing Address)
N. MIAMI BEACH, FL 33162 N. MIAMI BEACH, FL 33162

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

Name: ALEXANDER EPSTEIN
Office Address: 16811 NE 6TH AVE
N. MIAMI BEACH, Florida 33162
(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.


(Registered agent's signature)

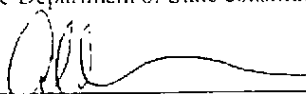
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|--------------------------------------|--------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: ALEXANDER EPSTEIN | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: 16811 NE 6 AVE | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | N. MIAMI BEACH, FL 33162 | <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 _____ |
| | | | |
| <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

ALEXANDER EPSTEIN

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "U.S. MOBILE CALIBRATIONS, 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 TWENTIETH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "U.S. MOBILE CALIBRATIONS, LLC" WAS FORMED ON THE FIRST DAY OF FEBRUARY, A.D. 2023.



7271997 8300

SR# 20230371422

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202746656

Date: 02-20-23

NAME RELEASE

3-21-2023

To whom it may concern:

As manager of recently dissolved FL LLC named U.S. Mobile Calibrations, LLC, with details as follows:

Document Number: L22000481192

FEI/EIN Number: 92-0955720

Formation Date: 11/09/2022

Voluntary Dissolution filed: 02/09/2023

I, Alexander Epstein, do hereby release the name U.S. Mobile Calibrations, LLC and with it my right to revoke the FL LLC dissolution. I intend to release this name completely as of now, and forgo the waiting period of 120 days, in order that the name may be used as the name of a "foreign entity LLC" that I have requested via mail be formed, with primary DE entity named U.S. Mobile Calibrations, LLC.

Thank you.

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke extending to the right.

Alexander Epstein

954-383-3558