

MA400003972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

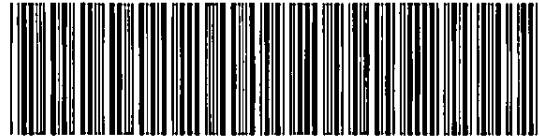
(Document Number)

Certified Copies _____

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400423691384

DEPT OF STATE - 400423691384 **125.00

2024 MAR 28 AM 7:45

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DEPT OF STATE
DIRECTOR'S OFFICE
CORPORATE REGISTRATIONS
TALLAHASSEE, FLORIDA

2024 MAR 28 AM 8:32

RECEIVED

T. LEMIEUX
MAR 28 2024

12/11

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Caliber Commercial Properties, 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:

David Barker

Name of Person

Caliber Commercial Properties, LLC

Firm/Company

4201 Springhurst Blvd, Suite 201

Address

Louisville, KY 40241

City/State and Zip Code

accounting@caliberproperties.com

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

For further information concerning this matter, please call:

David Barker

502

365-5009

at (_____) _____

Name of Contact Person

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. Caliber Commercial Properties, 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. Indiana

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-4013507

(FEI number, if applicable)

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

5. 4201 Springhurst Blvd, Suite 201

(Street Address of Principal Office)

Louisville, KY 40241

6. 4201 Springhurst Blvd, Suite 201

(Mailing Address)

Louisville, KY 40241

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

Name: Caitlin Morgado

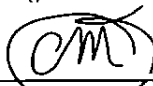
Office Address: 11303 Chattahoochee Dr

North Fort Myers, Florida 33917
(City) (Zip code)

FILED
2024 MAR 28 AM 7:46
CLERK OF STATE

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 type="checkbox"/> Manager	Name: <u>David Barker</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>3006 Lone Wolf Ct.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>New Albany, IN 47150</u>	<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.

David Barker
Signature of an authorized person

David Barker
Typed or printed name of signer

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

CALIBER COMMERCIAL PROPERTIES, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 15, 2015, and was in existence or authorized to transact business in the State of Indiana on March 27, 2024.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 27, 2024

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

2015051500424 / 20243687293

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on April 26, 2024.

GENERAL AFFIDAVIT

The within named person (Affiant), David Barker, who is a resident of Floyd County, State of Indiana, personally came and appeared before me, the undersigned Notary Public, and makes this his/her statement, testimony and General Affidavit under oath or affirmation, in good faith, and under penalty of perjury, of sincere belief and personal knowledge that the following matters, facts, and things set forth are true and correct, to the best of his/her knowledge:

I am the owner of Caliber Commercial Properties, LLC, an Indiana Limited Liability Company. In my attempt to register my business as a Foreign Limited Liability Company, I accidentally registered my business as a Florida Limited Liability Company (Document # L23000210792). Once I realized the error, I filled out the Articles of Dissolution and mailed the completed form along with a payment for the Dissolution. Then I completed the form and payment for registering a Foreign Limited Liability Company (Document # W23000076252). However, this Foreign Limited Liability Company was rejected due to the Florida Limited Liability Company that was made in error. I am writing to ask that my Florida Limited Liability Company be dissolved per the form I filled out and that my Foreign Limited Liability Company be approved and active in the State of Florida. I would also like to add Caitlin Morgado as the Registered Agent of the Foreign Limited Liability Company with a mailing address of:

Caitlin Morgado
11303 Chattahoochee Dr.
North Fort Myers, FL 33917

Please accept this request along with the form I have already submitted to dissolve my Florida Limited Liability Company and to re-instate or approve my Foreign Limited Liability of the same name.

Dated this 27th day of March, 2024
David Barker
Signature of Affiant

=====
State of Kentucky
County of Jefferson

Subscribed and sworn to, or affirmed, before me on this 27 day of March, 2024 by Affiant David Barker

Lisa R. Barker
Signature of Notary Public
November 21, 2024
My Commission Expires:

