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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NRAI SERVICES, LLC
Account Number : I20080000104
Phone : (302)674-4089
Fax Number : (302)674-5266

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**Foreign Limited Liability Company
CalTech Software Systems, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

H125000177404 3

**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. CalTech Software Systems, 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 75-2500850
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 1 Corporate Drive, Suite G
(Street Address of Principal Office)
 Cranbury, NJ 08512

6. 1 Corporate Drive, Ste G
(Mailing Address)
 Cranbury, NJ 08512

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

Name: NRAI Services, Inc.
 Office Address: 1200 South Pine Island Road
 Plantation, Florida 33324
(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.

NRAI Services, Inc.
 By: /s/ Tina Lipko, VP
(Registered agent's signature)

H125000177404 3

H25000177404 3

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):

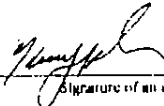
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Rashaad Bajwa</u>	☐ Manager	Name: <u>Keith Kahrs</u>
☐ Member	Address: <u>1 Corporate Dr, Ste G</u>	☐ Member	Address: <u>1 Corporate Dr, Ste G</u>
☐ Authorized	<u>Cranbury, NJ 08512</u>	☐ Authorized	<u>Cranbury, NJ 08512</u>
Person	_____	Person	_____
☒ Other <u>CEO</u>	☐ Other _____	☒ Other <u>CFO</u>	☐ Other _____
☐ Manager	Name: <u>Glenn Mathis</u>	☐ Manager	Name: _____
☐ Member	Address: <u>1 Corporate Dr, Ste G</u>	☐ Member	Address: _____
☐ Authorized	<u>Cranbury, NJ 08512</u>	☐ Authorized	_____
Person	_____	Person	_____
☒ Other <u>COO</u>	☐ 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.

/s/ Keith Kahrs



Signature of an authorized person

Keith Kahrs

Typed or printed name of signer

H25000177404 3

Delaware

Page 1

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CALTECH SOFTWARE SYSTEMS, 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 MAY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CALTECH SOFTWARE SYSTEMS, LLC" WAS FORMED ON THE TENTH DAY OF NOVEMBER, A.D. 2022.

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



7132278 8300

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203701615

Date: 05-15-25