# M1900007879

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## COVER LETTÉR

Registration Section

TO:

2,

Div	rision of Corporations				<del>-</del> .	
SUBJECT:	ABRAHAM J FISHE	R LLC				
		Name of Limi	ted Liability (	Company		
The enclosed Existence, ar	d "Application by Foreignd check are submitted t	gn Limited Liability Company to register the above referenced	for Authoriza I foreign limi	ation to Transac ted liability con	t Business in Florida," npany to transact busin	Certificate of ness in Florida.
Please return	all correspondence cor	ncerning this matter to the follo	owing:			
	ANN ISHENKO					
		Name	of Person			
	ABRAHAM J FI	SHER LLC				
	Firm/Company					
	5115 UPSON AVENUE					
		Ad	ldress			
	DE LEON SPRIN	SGS, FL 32130				
		City/State a	and Zip Code		<del>-</del>	
	AISHENKO@BST	STRATEGIES.COM				
		E-mail address: (to be used for	future annua	report notifical	tion)	
For further in	nformation concerning t	his matter, please call:				
AN	IN ISHENKO	at	201	400-4211		
	Name of (	Contact Person	Area Code	Daytime	Telephone Number	
Div Reg P.O	AILING ADDRESS: rision of Corporations gistration Section 9. Box 6327 lahassee, FL 32314			STREET AD Division of Co Registration S Clifton Buildin 2661 Executive Tallahassee, F	orporations ection ng e Center Circle	
	closed is a check for the ase make check payable	following amount: to: FLORIDA DEPARTME	NT OF STA	TE		
	\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status		Filing Fee & ed Copy	S160.00 Filing of Status & Cert	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

name unavailable, enter alternate ir	ame adopted for the purpose of transacting business in F	lorida The alte	mate name must include "Limited Liability Company	," "L L C," or "LL	.C.")
NEW YORK			82-0924346		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	<b>3</b> . ,	(FEI number, if applicab	e)	-
	(Dute first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905; F.S. to determ	o registration ) nane penalty li	ibility)		
4414 N US HIGHWA			PO BOX 1102		
(Street Address of I	rincipal Office)	6	(Mailing Address)	<u></u>	_
DELAND, FLORIDA	32720	I	DE LEON SPRINGS, FLORIDA 32	30	
-	<del></del>	_		÷.;	. 2819 182
Name and street address	ss of Florida registered agent: (P.O. Bo	r NOT ac	centable)		S∏¥_
	<u> </u>	<u>1131_</u> uc	copiliote,		-1
Name:	BER ABRAHAM J FISHER				를 당
Office Address:	4414 N US HIGHWAY 17		<del></del>	-	200
	DELAND		3272() , Florida(Zip code)		
	(City)				

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: BER ABRAHAM J FISHER Manager Name: Manager Address: 4414 N US HIGHWAY 17 ■ Member Member Address: DELAND FLORIDA 32720 Authorized Authorized Person Person Other\_\_\_ Other Other\_\_\_\_ Other\_\_\_\_\_ Name: ANN ISHENKO Manager Manager Name: \_\_\_\_\_ Address: PO BOX 1102 ■ Member ☐ Member Address: DE LEON SPRINGS, FL 32130 Authorized Authorized Person Person Other Other Other Other Name: CHAYA J FISHER Manager ☐ Manager Address: 4414 N US HIGHWAY 17 ■ Member Member Address: . DELAND, FLORIDA 32720 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. BER ABRAHAM J FISHER, MEMBER

Typed or printed name of signee

# State of New York Department of State } ss:

I hereby certify, that ABRAHAM J FISHER LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/24/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 23rd day of July two thousand and nineteen.

Braden C Hydra

Brendan C Hughes
Executive Deputy Secretary of State



#### Bracha Ann Ishenko <aishenko@bststrategies.com>

#### NYS DOS Corporations Ebiennial Filing Acknowledgment: 190731060032

1 message

NYS DOS Corporations Ebiennial < Corporations@dos.ny.gov> To: AISHENKO@bststrategies.com

Wed, Jul 31, 2019 at 9:36 PM

#### **New York State Department of State Division of Corporations**

PLEASE PRINT THIS E-MAIL FOR YOUR RECORDS

Thank you for submitting the biennial statement for your business entity through the e-Statement Filing System. The biennial statement has been filed with the Department of State.

Attached is a copy of the filed biennial statement for the following business entity:

DO\$ ID:

5108175

BUSINESS NAMÉ: ABRAHAM J FISHER LLC

Filing date:

07/31/2019 V PAIO

Next Filing Period: 03/2021

E-mail Address:

AISHENKO@BSTSTRATEGIES.COM

The Department of State recommends that you retain this filing acknowledgment and attachment for your records. The Department of State will send an email reminder notice when the next biennial statement for your business entity is due. The notice will be sent to the email address indicated above.

To update your email address, please go to the Department of State's Biennial Statement Email Address Notification website at www.email.ebiennial.dos.ny.gov,

190731060032.pdf	(attorned)

\* THE GOOD STANDING LETTER SAYS DAST DUE

BIENNIAL REPORT 
PAID TODAY

## **Biennial Statement**

NYS Department of State
Division of Corporations, State Records &
Uniform Commercial Code
<a href="http://www.dos.ny.gov">http://www.dos.ny.gov</a>

BUSINESS NAME:	ABRAHAM J FISH	ER LLC	
FILING PERIOD:	03/2019		
Part 1 - Service of Process A	Address (Address must be wi	thin the United States or its territoric	es)
Name BER A. FISHER			
Address Line I	<del></del>		
4414 N US HIGHWAY 17			
Address Line 2	<del>_</del>		
City		State	Zip Code
DELAND		FL	32720
	<del></del>		
Signer Information			
	herein are true to the best of my kno-	wledge, that I am authorized to sign this Biennial	Statement and that my signature typed below
Electronic Signature		<del></del>	
BER A FISHER			
Capacity of Signer			
MEMBER			
L			

FILED WITH THE NYS DEPARTMENT OF STATE ON: 07/31/2019 FILING NUMBER: 190731060032 - 5108175