

✓

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BRIDGE BUILDERS TRANSLATORS 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:

CAROLINA MENEGHETTI

Name of Person

SAFETY TAX & BOOKKEEPING

Firm/Company

4307 VINELAND STE H7

Address

ORLANDO FL 32811

City/State and Zip Code

SAFETY@SAFETYTAX.COM

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

2010 FEB 20 PM 4:09  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CAROLINA MENEGHETTI

407

8884747

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. BRIDGE BUILDERS TRANSLATORS 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. NEW YORK

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

3. 45-5213894

(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. 2072 BALDWIN ROAD

(Street Address of Principal Office)

6. 484 WESTYN BAY BLVD

(Mailing Address)

YORKTOWN HEIGHTS

OCOOE, FLORIDA, 34761

NEW YORK, 10598

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

Name: SAFETY TAX & BOOKKEEPING

Office Address: 4307 VINELAND RD STE H7

ORLANDO

(City)

Florida 32811

(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]:

**Title or Capacity:** **Name and Address:**

☒ Manager Name: PATRICIA COLLERAN

☐ Member Address: 2072 BALDWIN ROAD

☐ Authorized YORKTOWN HEIGHTS

Person NEW YORK, 10598

☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ 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.

Patricia Colleran  
Signature of an authorized person

State of New York  
Department of State } ss:

I hereby certify, that BRIDGE BUILDERS TRANSLATORS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/07/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



FILED  
2020 FEB 20 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 07th day of February two  
thousand and twenty.*

*Brendan C. Hughes*

Brendan C Hughes  
Executive Deputy Secretary of State