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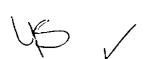
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SECRETARY OF STATE



COVER LETTER

1	Division of Corporations						
SUBJEC'	BRIDGE BUILDERS TRANSLATORS L T:	BRIDGE BUILDERS TRANSLATORS LLC Name of Limited Liability Company					
	Nam						
`he enclo Existence	sed "Application by Foreign Limited Liability, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," C referenced foreign limited liability company to transact business	Certificates ss in Flo				
lease ret	urn all correspondence concerning this matter t	to the following:					
	CAROLINA MENEGHETTI						
		Name of Person					
	SAFETY TAX & BOOKKEEPING	77. 22					
		Firm/Company	pan v				
	4307 VINELAND STE H7	EB 21 AHAS	· .				
		Address					
	ORLANDO FL 32811	L05 4:					
	C	City/State and Zip Code					
	SAFETY@SAFETYTAX.COM						
	E-mail address: (to be	e used for future annual report notification)					
or furthe	r information concerning this matter, please ca	JI:					
CAROLINA MENEGHETTI		407 8884747 at ()					
	Name of Contact Person	Area Code Daytime Telephone Number					
F [F	Clailing 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					
h	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP S125.00 Filing Fee S130.00 Filing Fee Certificate of	e & 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Ce					

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:

	TRANSLATORS LLC Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.	")		
name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited	Liability Company," "L.L.C." or "LLC.")		
NEW YORK		45-5213894	202 TA		
(Jurisdiction under the law of w	which foreign limited liability company is organized)	3(FEI nu	H		
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	egistration.)	20 PI		
2072 BALDWIN ROA		484 WESTYN BAY BLV	PH 4: 00		
treet Address of Principal Office)		(Mailing Address)	——————————————————————————————————————		
YORKTOWN HEIGH	ITS	OCOEE, FLORIDA, 3476	OCOEE, FLORIDA, 34761		
NEW YORK, 10598					
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)			
Name:	SAFETYTAX & BOOKKEEPING				
Office Address:	4307 VINELAND RD STE H7				
	ORLANDO	32811			
	(City)	, Florida(Zip code)			
comply with the provisi	otance: egistered agent and to accept service of partion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	rocess for the above stated limite registered agent and agree to ac and complete performance of my	d liability company at the plac t in this capacity. I further ag duties, and I am familiar wit		

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:
■Manager	Name: PATRICIA COLLERAN	□Manager	Name:
□Member	Address: 2072 BALDWIN ROAD	□Member	Address:
□Authorized	YORKTOWN HEIGHTS	□Authorized	
Person	NEW YORK, 10598	Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address: EE
□Authorized		□Authorized	AS 2 F
Person		Person	O P
□Other	Other	Other	EG E \
□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.

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.



2020 FEB 20 PM 4: 10
SECRE LARY OF STATE
SECRE LARY OF STATE

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.

Braden C. Higher

Brendan C Hughes
Executive Deputy Secretary of State