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(Requestor's Name)

(Address)

(Address)

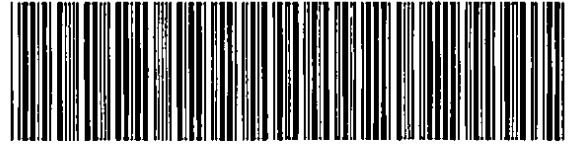
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



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2020 Jun -3 AM 3:53

Special Instructions to Filing Officer:

2nd reg  
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emailed & permission to delete  
cert 6/3/20 date of 1st transac  
00647

Office Use Only

SBF  
6/21

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: B & S Iron Works, 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:

STACY SEECHARAN  
Name of Person  
B & S Iron Works, LLC  
Firm/Company  
161 E. Wetherbee Rd.  
Address  
Orlando, FL 32824  
City/State and Zip Code  
STACY@BSIRONWORKS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacy Seecharan 917 548-9422  
Name of Contact Person at (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

2020 Form - 3 01 3:50

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. B & S Iron Works, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

B and S Iron Works, 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 STATE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 75-3118144
(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. 161 E. Wetherbee Rd.
(Street Address of Principal Office)

6. 161 E. Wetherbee Rd.
(Mailing Address)

Orlando, FL 32824

Orlando, FL 32824

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

Name: Stacy Seecharan

Office Address: 161 E. Wetherbee Rd.

Orlando, Florida 32824
(City) (Zip code)

2020 JUN -3 AM 9:53

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.

Stacy Seecharan
(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]:

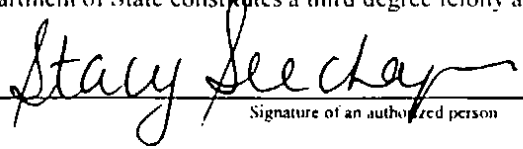
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>STACY SEECHARAN</u>	<input checked="" type="checkbox"/> Manager	Name: <u>ADESH SEECHARAN</u>
<input type="checkbox"/> Member	Address: <u>161 E. WETHERBEE RD</u>	<input type="checkbox"/> Member	Address: <u>161 E. WETHERBEE RD</u>
<input type="checkbox"/> Authorized Person	<u>ORLANDO, FL 32824</u>	<input type="checkbox"/> Authorized Person	<u>ORLANDO, FL 32824</u>
<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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

2020, 1-3 AM 3:53

**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.

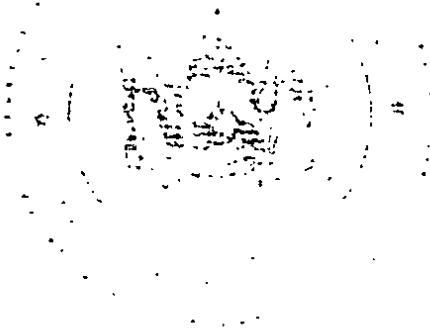
  
 \_\_\_\_\_  
 Signature of an authorized person

STACY SEECHARAN  
 \_\_\_\_\_  
 Typed or printed name of signer

State of New York  
Department of State } ss:

I hereby certify, that B & S IRON WORKS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/08/2003, 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 JUN -3 PM 3:58

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*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 27th day of May, two  
thousand and twenty.*

*Brendan C Hughes*

Brendan C Hughes  
Executive Deputy Secretary of State



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 25, 2020

STACY SEECHARAN  
161 E WETHERBEE RD  
ORLANDO, FL 32824

SUBJECT: B & S IRON WORKS LLC  
Ref. Number: W20000032361

We have received your document for B & S IRON WORKS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 020A00006574

RECEIVED

APR 16 2020