## M20000008645

| (Requestor's Name)                            |
|---|
| (Address)                                     |
| (Address)                                     |
| (City/State/Zip/Phone #)                      |
| PICK-UP WAIT MAIL                             |
| (Business Entity Name)                        |
| (Document Number)                             |
| Certified Copies Certificates of Status       |
| Special Instructions to Filing Officer:       |
| 04085 5000<br>0,06.165 500<br>W2,000061,00133 |

Office Use Only



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53/1/20

## COVER LETTER

| TO: Registration Section Division of Corporations  |                    |
|--|--------------------|
| SUBJECT: BBR LOGISTICS LLC Name of Amited Liability Company  |                    |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certifi Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in F   | cate of<br>Plorida |
| Please return all correspondence concerning this matter to the following:  |                    |
| Shabana Barrott Name of Person   |                    |
| BBR lyons LLC  |                    |
| Firm/Company   |                    |
| 433 Plaza Real Syle 225  |                    |
| BOCA Raton, Florida 33432  |                    |
| Explif address: (to bused for future annual report notification)   |                    |
| For further information concerning this matter, please call:   | <u>)</u>           |
| Shubunu Barry at (631) 462 32 96  Name of Contact Person Area Code Daytime Telephone Number  | P:- 1: 7           |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FI, 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303   |                    |
| Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$\Pi\$ \$125.00 Filing Fee \$\Pi\$ \$130.00 Filing Fee & \$\Pi\$ \$155.00 Filing Fee & \$\Pi\$ \$160.00 Filing Fee, Certificate of Status   Certified Copy   of Status & Certified Copy |                    |

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

|   | Logishes Limited Liability Empany, must in Lame adopted for the purpose of transacto Lame foreign limited liability company is a | ng business in Florida. The al             |                    | amuted Liability Company," "L | . 1. C." or "IA.C.") |
|---|--|--|--------------------|-------------------------------|----------------------|
| Churran                                       | Date first transacted business in Flo<br>(See sections 605 0904 & 605 0905   |  |                    | Fl:1 number, if applicable)   |                      |
| 6143 Jen<br>a Address of Principal Officer    | ch Turnpile  |  | (Stading Address)  |                               |                      |
|   | M 11725 s of Florida registered agent:   | (P.t.) Bay NOT %                           | souvabla)          |                               | 7020                 |
| Name:   | 433 Pluza  |  |                    | 214)                          | 22 F3 F5             |
| Office Address:                               | Boca Rutin   |  |                    |                               | - 1                  |
| gnated in this applica omply with the provisa | tauce: gistered agent and to accept tion, I hereby accept the app ons of all statutes relative to of my position as registered   | ointment as register<br>the proper and com | ed agent and agree | to act in this capacity.      | . I further a        |

of the translator must be submitted).

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: Shubana Barratt   | □Manager          | Name: Ryan Singh     |
| <b>Z</b> Member    | Address: Ispringment Dr | ₩Member           | Address: Wystanak Da |
| □Authorized        | Ky, PAR M 11754         | □Authorized       | 3 Springme-to Dr     |
| Person             |                         | Person            | Kys pol M 11754      |
| Other              | □Other                  | □Other            | □Other               |
| ∐Manager           | Name:                   | □Manager          | Name:                |
| _Member            | Address:                | □Member           | Address:             |
| [Authorized]       |                         | □Authorized       |                      |
| Person             |                         | Person            |                      |
| Other              | □Other                  | □Other            | □Other               |
| Manager            | Name:                   | □Manager          | Name:                |
| JMember -          | Address:                | □Member           | Address:             |
| CAuthorized        |                         | □Authorized       | <del>-</del>         |
| Person             |                         | Person            | .7                   |
|                    | □Other                  | □Other            | Other                |

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any talse information

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



September 3, 2020

SHABANA BARRATT 6143 JERICHO TURNPIKE STE 206 COMMACK, NY 11725 US

SUBJECT: BBR LOGISTICS LLC Ref. Number: W20000100133

We have received your document for BBR LOGISTICS LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a foreign corporation, but your entity is a foreign limited liability company. Please complete and return the enclosed blank form(s).

There is a balance due of \$72.50.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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: 420A00016960

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