

N 200000009894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

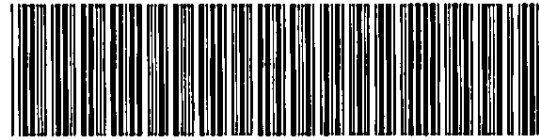
(Business Entity Name)

(Document Number)

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

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2020 OCT 26 PM 2:23  
FBI - NEW YORK

US  
11/3/20



rubinandrubin.com

October 22, 2020

*Via Certified Mail*  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: B & R Rebar, LLC**

To Whom It May Concern:

Please find enclosed a completed application to register New York limited liability company B & R Rebar, LLC as a foreign limited liability company in Florida, along with Check #2890 made payable to Florida Department of State.

Please advise if additional information is needed.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nicole D. Fox'.

*Nicole D. Fox*  
*Administrative Assistant*  
[nfox@rubinandrubin.com](mailto:nfox@rubinandrubin.com)

Please reply to: P.O. Box 395 Stuart, FL 34994

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: B I R REBAR 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:

MICHAEL A. CAHILL  
Name of Person

B I R REBAR LLC  
Firm/Company

4 ABBEY ROAD  
Address

ORANGEBURG N.Y. 10962  
City/State and Zip Code

MICHAEL@BANARREBAR.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL A. CAHILL at (845) 353-4200  
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. B & R RESAR 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 STATE  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-2195613  
(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. 4 ABBEY ROAD  
(Street Address of Principal Office)

6. SAME AS #5 (PRINCIPAL OFFICE)  
(Mailing Address)

ORANGEBURG N.Y. 10962

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

Name: KEVIN P. CROSBY, ESQ.  
RUBIN & RUBIN, ATTORNEYS & COUNSELORS

Office Address: 2055 S. KANNER HIGHWAY

STUART, \_\_\_\_\_, Florida 34994  
(City) (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.

Michael A. Chill  
(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 type="checkbox"/> Manager	Name:	<u>MICHAEL A. CAHILL</u>		<input type="checkbox"/> Manager	Name:	_____	
<input checked="" type="checkbox"/> Member	Address:	<u>4 ABBEY ROAD</u>		<input type="checkbox"/> Member	Address:	_____	
<input type="checkbox"/> Authorized		<u>ORANGEBURG N.Y. 10962</u>		<input type="checkbox"/> Authorized		_____	
Person		_____		Person		_____	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	<u>ANGELA CAHILL</u>		<input type="checkbox"/> Manager	Name:	_____	
<input type="checkbox"/> Member	Address:	<u>4 ABBEY ROAD</u>		<input type="checkbox"/> Member	Address:	_____	
<input type="checkbox"/> Authorized		<u>ORANGEBURG N.Y. 10962</u>		<input type="checkbox"/> Authorized		_____	
Person		_____		Person		_____	
<input checked="" type="checkbox"/> Other	<u>BOOKKEEPER</u>	<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		_____		<input type="checkbox"/> Authorized		_____	
Person		_____		Person		_____	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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.

Michael A. Cahill  
Signature of an authorized person

MICHAEL A. CAHILL  
Typed or printed name of signor

State of New York  
Department of State } ss:

I hereby certify, that B & R REBAR LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/11/2013, 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 OCT 28 PM 2:24  
TALLAHASSEE, FLORIDA

\*\*\*

WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 02nd day of October two  
thousand and twenty.

*Brendan C Hughes*

Brendan C Hughes  
Executive Deputy Secretary of State