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Division of Corporations

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TALLAHASSEE, FLORIDA

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Foreign Limited Liability Company
Brimar Industries, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
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2021 NOV 22 PM 4:30

TALLAHASSEE, FLORIDA

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2 OF 2, DO NOT REJECT. FILE SECOND WITH H21000429862 3 FIRST

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. BRIMAR INDUSTRIES, LLC
(Name of foreign limited liability company; must include "limited liability company," "L.L.C.," or "LLC.")

(If name unavailable, exact 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 Jersey
3. 11-2949886
(United States federal tax identification number, if applicable)

4. (Name first transacted business in Florida, if prior to registration)
(See section 605.0901 & 605.0904, F.S. to determine penalty liability)

5. 15890 Knightsbridge Court
Fort Myers, FL 33908
6. Same
(Mailing Address)

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

Name: Brian D. Costello
Office Address: 15890 Knightsbridge Court
Fort Myers, Florida 33908
(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.

By: Brian D. Costello
(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary member/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>Brian D. Costello</u>	<input type="checkbox"/> Manager	Name: <u>Michael Schoenfeld</u>
<input type="checkbox"/> Member	Address: <u>64 Outwater Lane</u>	<input type="checkbox"/> Member	Address: <u>64 Outwater Lane</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Carfield, NJ 07026</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Carfield, NJ 07026</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: <u>Rick Soukup</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>127 Public Square, Suite 5100</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	<u>Cleveland, Ohio 44114</u>	<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

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.

Brian D. Costello
Signature of an authorized person

Brian D. Costello
Typed or printed name of signer

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
SHORT FORM STANDING

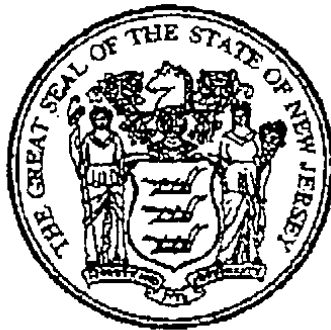
BRIMAR INDUSTRIES, LLC
0600475228

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on November 15, 2021.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify the registered agent and registered office are:

Brian Costello
64 Outwater Lane
Garfield, NJ 07026 0000



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 15th day of November, 2021

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

Certificate Number: 143431747

Verify this certificate online at

<https://www.njportal.com/DOR/businessrecords/Vell/State.aspx>