B15000000076

(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:

WS-19006

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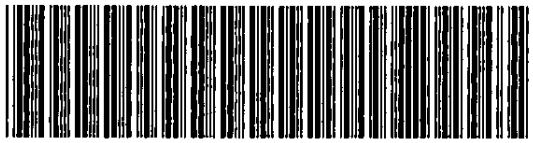

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2015 MAR 25 AM 11:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 25 2015
J. BRUCE

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2015

JAY ZUFFANLE
2500 WESTCHESTER AVE, SUITE 215
PURCHASE, NY 10577

SUBJECT: ALPINE WOODS, L.P.
Ref. Number: W15000019006

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We have received your document for ALPINE WOODS, L.P. and your check(s) totaling $1061.25. 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.

The document must contain both the street address of the principal office and the mailing address of the entity.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 415A00005390

**COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Alpine Woods, L.P.
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

Jay Zuffanti
Contact Person

Alpine Woods, L.P.
Firm/Company

2500 Westchester Ave Suite 215
Address

Purchase NY 10577
City, State and Zip Code

JZuffanti@AlpineFunds.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jay Zuffanti at ( 212 ) 251-0880
Name of Contact Person Area Code and Daytime Telephone Number

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Enclosed is a check for the following amount:

| | | | |
|---|---|---|---|
| ☐ $1,000.00 Filing Fees ($965 Filing Fee and $35 Registered Agent Fee) | ☐ $1,008.75 Filing Fees and Certificate of Status | ☐ $1,052.50 Filing Fees and Certified Copy | ☑ $1,061.25 Filing Fee, Certified Copy, and Certificate of Status |

**STREET ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**MAILING ADDRESS:**
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA**

1. ALPINE Woods L.P.
**(Name of Limited Partnership or Limited Liability Limited Partnership, *which must include suffix*)**
*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware
**State or Country of Formation**

3. 10/30/2002
**Date of Formation**

4. **Federal Employer Identification Number:** 36-4513135

5. **Name of Registered Agent for Service of Process and Florida Street Address:**

InCorp Services, Inc
17837 67th Court North
Loxahatchee FL 33470

6. *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.*

Natalie Bales on behalf of Incorp Services, Inc.
**Signature of Registered Agent**

7. **Principal Office:**

ALPINE Woods LP

8. **Mailing Address:**

2500 WESTCHESTER AVE
Purchase NY 10577
Suite 215

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9. **If limited partnership is a limited liability limited partnership, check box .**

10. **Name, principal office address, and mailing address of each general partner:**

Name of General Partner: Samuel Lieber
Street Address: 2 Beach Ave
Larchmont NY 10538
Mailing Address: "SAME AS ABOVE"

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner: Stephen Lieber
Street Address: 1213 Orienchon Point Rd
MAMARONECK NY 10543
Mailing Address: "SAME AS ABOVE"

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:_____ Name of General Partner:_____

Street Address: _____ Street Address: _____

_____ _____

Mailing Address:_____ Mailing Address:_____

_____ _____

11. **Effective date, if other than the date of filing:**_____.
*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 23 day of Feb. 2015

**Signature of a general partner**

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

| | |
|---|---|
| **Filing Fees:** | **$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee) |
| **Certified Copy (optional):** | **$52.50** |
| **Certificate of Status (optional):** | **$8.75** |



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TALLAHASSEE FLORIDA

# Delaware



*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALPINE WOODS, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALPINE WOODS, L.P." WAS FORMED ON THE THIRTIETH DAY OF OCTOBER, A.D. 2002.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

3585781 8300

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Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 2225385

DATE: 03-23-15

You may verify this certificate online at corp.delaware.gov/authver.shtml