

10/11 Oct 11 2022 2:08PM

GERALD WEINBERG

Division of Corporations

No. 4602 P. 1/4

Florida Department of State
B22000000C492
Division of Corporations
Electronic Filing Cover Sheet

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From: Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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2022 OCT 11 11 3:22

**FLORIDA/FOREIGN LP/LLP
PAROLISI FAMILY PARTNERSHIP, L.P.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

2022 OCT 11 AM 9:14
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(GEALD WEINBERG
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANACT BUSINESS IN FLORIDA

1. PAROLISI FAMILY PARTNERSHIP, 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. NEW YORK

State or Country of Formation

3. 07/16/1996

Date of Formation

4. Federal Employer Identification Number 13-3933517

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

INCORPORATING SERVICES, LTD.

1540 GLENWAY DRIVE

TALLAHASSEE, FL 32301

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.

/s/Melissa A. Moreau - Assistant Secretary
Signature of Registered Agent

7. Principal Office:

559 ALVERSON AVENUE

STATEN ISLAND, NY 10309

8. Mailing Address:

559 ALVERSON AVENUE

STATEN ISLAND, NY 10309

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: CANDY A. PHILLIPS

Name of General Partner:

Street Address: 559 ALVERSON AVENUE

Street Address:

STATEN ISLAND, NY 10309

Mailing Address:

Mailing Address:

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

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OFFICE OF THE STATE
TALLAHASSEE, FL 32301
APPROVED
AND
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(HEALD WEINBERG 48976 3)

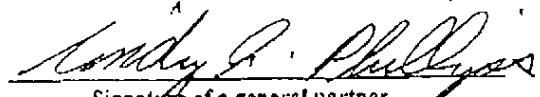
Name of General Partner: _____ Name of General Partner: _____
 Street Address: _____ Street Address: _____

 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.)
 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 11TH day of OCTOBER, 2022


 Signature of a general partner

The individual signing this document affirms 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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STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	PAROLISI FAMILY PARTNERSHIP, L.P.
DOS ID Number:	2048240
Entity Type:	DOMESTIC LIMITED PARTNERSHIP
Entity Status:	EXISTING
Date of Initial Filing with DOS:	07/16/1996

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on October 11, 2022 at 02:25 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State