

A940000001680

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2014 FEB 14 P 3 17  
CLERK OF SUPERIOR COURT  
STATE OF MICHIGAN

B. BOSTICK

FEB 17 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Matera Family Limited Partnership  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Peter Matera  
Contact Person

Matera Management Co.  
Firm/Company

176th Avenue suite 3A  
Address

New York, NY 10013  
City, State and Zip Code

p.matera@verizon.net  
E-mail address: (to be used for future annual report notification)

2014 FEB 14 P 3:17  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Peter Matera at ( 212 ) 966-9783  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee     
  \$61.25 Filing Fee and Certificate of Status     
  \$105.00 Filing Fee and Certified Copy     
  \$113.75 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

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

The Matera Family Limited Partnership

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on December 5, 1994, assigned Florida document number A94000001680, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:**

Matera Family Limited Partnership

New name must be distinguishable and contain an acceptable 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.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:

(Must be *STREET* address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address:

(May be *post office box*)

\_\_\_\_\_  
\_\_\_\_\_

RECEIVED  
STATE  
OFFICE  
TALLAHASSEE  
FLORIDA  
NOV 17 1994

**C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

**D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>g partn</u>	<u>Matera, John</u>	<u>350 S. Collier Blvd. #807</u> <u>Marco Island, FL 34145</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <b>Deceased</b>
<u>g partn</u>	<u>Matera, Peter</u>	<u>17-6th Ave. suite 3A</u> <u>New York, NY 10013</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 SECRETARY OF STATE

**E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:**

- This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

**(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)**

F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.)

**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Margaret Matera \_\_\_\_\_

Pete Matera, signing on behalf of "dissociating" general partner, John Matera, deceased. \_\_\_\_\_

**Signature(s) of all new or dissociating general partner(s), if any:**

Pete F. Matera \_\_\_\_\_

Pete Matera, signing on behalf of "dissociating" general partner, John Matera, deceased. \_\_\_\_\_

FILED  
2017 FEB 14 P 3 17  
TALLAHASSEE, FLORIDA

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

C.  
if

IN THE CIRCUIT COURT FOR COLLIER COUNTY,  
FLORIDA  
PROBATE DIVISION

IN RE: ESTATE OF

File No. 10- 1093-CD

JOHN MATERA  
Deceased.

**COPY**

LETTERS OF ADMINISTRATION  
(single personal representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, JOHN MATERA, a resident of Collier County, Florida, died on October 25, 2009, owning assets in the State of Florida, and

WHEREAS, PETER MATERA has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare PETER MATERA duly qualified under the laws of the State of Florida to act as personal representative of the estate of JOHN MATERA, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED on November 5<sup>th</sup>, 2010.

FILED  
2010 FEB 14 P 3:17  
CLERK OF COURT  
COLLIER COUNTY, FLORIDA

FILED  
COLLIER COUNTY, FLORIDA  
2010 NOV 18 AM 10:42  
CLERK OF COURTS  
Dugan  
Brock in Computer  
26302341.doc 10/29/2010

[Signature]  
Circuit Judge  
I, Dwight E. Brock, Clerk of Courts in and for Collier County, do hereby certify that the above instrument is a true and correct copy of the original which is on file in my office in the Courthouse in Naples, Collier County, Florida, and is full force and effect this date.

Witness under my hand and seal this  
10 Day of November 2010  
DWIGHT E. BROCK, CLERK  
By: [Signature]

11/16/10

# THE CITY OF NEW YORK

## VITAL RECORDS CERTIFICATE

### DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**NEW YORK CITY**  
**DEPARTMENT OF HEALTH**  
**AND MENTAL HYGIENE**  
**OCT-29-2009 09:39 PM**

**CERTIFICATE OF DEATH**      Certificate No. **156-09-043217**

1. DECEDENT'S LEGAL NAME **JOHN MATERA**  
(First, Middle, Last)

<b>MEDICAL CERTIFICATE OF DEATH</b> <small>(To be filled in by the Physician)</small>	2a. New York City 2b. Borough <b>Manhattan</b>	2c. Type of Place 1 <input checked="" type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility 5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify	2d. Any Hospice care in last 30 days 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 3 <input type="checkbox"/> Unknown	2e. Name of hospital or other facility (if not facility, street address) <b>St. Vincent's Hospital Manhattan</b>
--	--	--	---	--	---

Date and Time of Death <b>October 25 2009</b>	3a. (Month) (Day) (Year-yyyy)	3b. Time <b>09:36</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	4. Sex <b>Male</b>	5. Date last attended by a Physician mm dd yyyy <b>10 25 2009</b>
--	-------------------------------	---	-----------------------	---

6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See Instructions on reverse of certificate.

Name of Physician **Cheng Ding MD**      Signature *Cheng Ding*      DO. M.D.  
(Type or Print)      Signature Electronically Authenticated

Address **153 W 11th Street, New York, New York 10011**      License No. **2344557**      Date **OCT-28-2009**

7a. Usual Residence State <b>FLORIDA</b>	7b. County <b>COLLIER</b>	7c. City or Town <b>MARCO ISLAND</b>	7d. Street and Number <b>380 SEAVIEW COURT</b>	Apt. No. <b>1906</b> ZIP Code <b>34145</b>	7e. Inside City Limits? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No
---	------------------------------	---	---	---	--

8. Date of Birth (Month) (Day) (Year-yyyy) <b>JUNE 02 1928</b>	9. Age at last birthday (years) <b>81</b>	10. Social Security No. <b>146-20-0734</b>
---	--	---

11a. Usual Occupation (Type of work done during most of working life. Do not use "retired") <b>OWNER - OPERATOR</b>	11b. Kind of business or industry <b>REAL ESTATE DEVELOPMENT</b>	12. Aliases or AKAs
--	---	---------------------

13. Birthplace (City & State or Foreign Country) <b>HILLSIDE, N.J.</b>	14. Education (Check the box that best describes the highest grade or level of school completed at the time of death) 1 <input type="checkbox"/> 8th grade or less: none      4 <input type="checkbox"/> Some college credit, but no degree      7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) 2 <input type="checkbox"/> 9th - 12th grade: no diploma      5 <input checked="" type="checkbox"/> Associate degree (e.g., AA, AS)      8 <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or 3 <input type="checkbox"/> High school graduate or GED      6 <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)      Professional degree (e.g., MD, DDS, DVM, LLB, JD)
---	--

15. Ever in U.S. Armed Forces? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	16. Marital/Partnership Status at time of death 1 <input checked="" type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify	17. Surviving Spouse's Name (If wife, name prior to first marriage) (First, Middle, Last) <b>MARGARET DEL VECCHIO</b>
---	--	--

18. Father's Name (First, Middle, Last) <b>PETER MATERA</b>	19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) <b>BLANCHE CADRACINO</b>
--	--

20a. Informant's Name <b>MARGARET D. MATERA</b>	20b. Relationship to Decedent <b>WIFE</b>	20c. Address (Street and Number) Apt. No. City & State ZIP Code <b>330 SEAVIEW COURT MARCO ISLAND, FL 34145</b>
--	--	--

21a. Method of Disposition 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify	21b. Place of Disposition (Name of cemetery, crematory, other place) <b>ST. GERTRUDE CEMETERY</b>
--	--

21c. Location of Disposition (City & State or Foreign Country) <b>COLONIA, NEW JERSEY</b>	21d. Date of Disposition mm dd yyyy <b>11 02 2009</b>
--	---

22a. Funeral Establishment <b>MCCracken FUNERAL HOME</b>	22b. Address (Street and Number) City & State ZIP Code <b>1500 MORRIS AVENUE UNION, N.J. 07093</b>
---	---

FILED

OCT 29 2009

REGISTRAR'S OFFICE

NEW YORK CITY

VR 15 (Rev. 01/09)

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

*Steven P. Schwartz*  
 Steven P. Schwartz, Ph.D., City Registrar

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DATE ISSUED





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2014

PETER MATERA  
17-6TH AVENUE  
SUITE 3A  
NEW YORK, NY 10013

SUBJECT: THE MATERA FAMILY LIMITED PARTNERSHIP  
Ref. Number: A94000001680

FILED  
2014 FEB 14 P  
TALLAHASSEE

We have received your document for THE MATERA FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by all of the general partners.

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 814A00002238