

B 0000000000146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP, ☐ WAIT ☐ MAIL

(Business Entity Name)

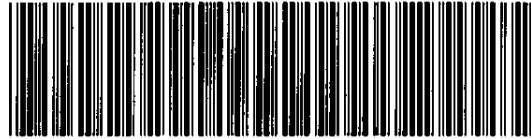
B-146

(Document Number)

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

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09/13/10--01039--012 \*\*105.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 OCT 13 AM 11:14

N. Culligan OCT 13 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2010

BERNARD V. STRIANESE  
10 SEAVIEW BOULEVARD  
PORT WASHINGTON, NY 11050

SUBJECT: THE STRIANESE FAMILY LIMITED PARTNERSHIP  
Ref. Number: B00000000146

We have received your document for THE STRIANESE FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 610A00021860

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE STRIANESE FAMILY LIMITED PARTNERSHIP  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

BERNARD STRIANESE  
Contact Person

THE STRIANESE FAMILY LIMITED PARTNERSHIP  
Firm/Company

10 SEAVIEW BLVD  
Address

FORT WASHINGTON, NY 11050  
City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CATHY MINERO at (516) 484-7220  
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

AMENDMENT TO CERTIFICATE OF AUTHORITY **10 OCT 13 AM 11:14**  
FOR  
FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

THE STRIANESE FAMILY LIMITED PARTNERSHIP

2. The jurisdiction of its formation is: NEW YORK STATE

3. The date the entity was authorized to transact business in Florida is: MAY 9, 2000

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

*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.*

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

BERNADETTE STRIANESE  
(DISPUTED in litigation)

10 SEAVIEW BLVD  
PORT WASHINGTON, NY 11050

RITA CUSIMANO  
(DISPUTED in litigation)

10 SEAVIEW BLVD  
PORT WASHINGTON, NY 11050

BERNARD STRIANESE  
(DISPUTED in litigation)

10 SEAVIEW BLVD  
PORT WASHINGTON, NY 11050

CARMELLA STRIANESE  
(DISPUTED in litigation)

10 SEAVIEW BLVD  
PORT WASHINGTON, NY 11050

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: \_\_\_\_\_

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

BERNARD STRIANESE, CARMELA STRIANESE, BERNADETTE STRIANESE AND RITA CUSIMANO ARE CURRENTLY ENGAGED IN LITIGATION CONCERNING THE IDENTITY OF THE GENERAL PARTNERS AND THE PERCENTAGE INTEREST CONTROLLED. AN AMENDED FILING WILL BE MADE AT THE CONCLUSION OF THE LITIGATION WHEN THESE ISSUES ARE RESOLVED.

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐

The entity elects to be a limited liability limited partnership.

☐

The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. 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 of a general partner:

Bernard V. Strianese

Typed or printed name:

BERNARD V. STRIANESE

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 OCT 13 AM 11:14

FROM : B. V. ROBERTS REALTY

FAX NO. : 5164847221

Oct. 13 2010 11:20AM P3

FROM : B. V. ROBERTS REALTY

FAX NO. : 5164847221

Jun. 17 2010 01:31PM P4

06/03/08 REC 16:21 FAX 516 590 6222

ALSPAX 7340

2-41

F380604000455

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
THE STRIANESE FAMILY LIMITED PARTNERSHIP.**

Under Section 121-301 of  
The Revised Limited Partnership Act

We, the general partners, having executed a partnership agreement, now execute a Certificate of Limited Partnership under the Revised Limited Partnership Act of the State of New York, and hereby certify as follows:

**FIRST:** The name of the limited partnership is The Strianese Family Limited Partnership.

**SECOND:** The County in the State of New York in which the office of the limited partnership is to be located will be Nassau County.

**THIRD:** The Secretary of State is hereby designated as agent of The Strianese Family Limited Partnership, upon whom any process in any proceeding against this limited partnership may be served. The Secretary of State shall mail copy of any process served upon it against this limited partnership to the following post office address: Taspán Schlesinger, Silverman & Hoffman, LLP, 300 Garden City Plaza, Garden City, New York 11530.

**FOURTH:** The name and business or residence street address of each general partner is:

Name	Address
Bernard V. Strianese	260 Elderfields Road, Manhasset, New York 11030
Carmella Strianese	260 Elderfields Road Manhasset, New York 11030

**FIFTH:** The latest date upon which the limited partnership is to dissolve is June 5, 2028.

FROM : B.V. ROBERTS REALTY

FAX NO. : 5164847221

Oct. 13 2010 11:20AM P4


FROM : B.V. ROBERTS REALTY

FAX NO. : 5164847221

Jun. 17 2010 01:32PM P5

IN WITNESS WHEREOF, we have subscribed this document on the date set forth below and do hereby affirm, under the penalties of perjury that the statements contained therein have been examined by us and are true and correct.

 6/3/10  
Bernard V. Strianese, General Partner

 6/3/10  
Carmella Strianese, General Partner, and together with Bernard V. Strianese, constituting all the general partners of the limited partnership named in the foregoing Certificate of Limited Partnership

FROM : B. V. ROBERTS REALTY

FAX NO. : 5164847221

Oct. 13 2010 11:21AM P5

FROM : B. V. ROBERTS REALTY

FAX NO. : 5164847221

Jun. 17 2010 01:32PM P6

F 80804000455

CERTIFICATE OF LIMITED PARTNERSHIP

OF

CSC 45

THE STRIANESE FAMILY LIMITED PARTNERSHIP

STATE OF NEW YORK  
DEPARTMENT OF STATE

JUN 10 4 48PM

FILED

TAXS

BY: WFD

Filer: Jaspan Schlesinger Silverman & Hoffman LLP  
100 Garden City Plaza  
Garden City, NY 11530  
843486912

FILED

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FROM : B.U. ROBERTS REALTY

FAX NO. : 5164847221

Oct. 13 2010 11:20AM P2

FROM : B.U. ROBERTS REALTY

FAX NO. : 5164847221

Jun. 17 2010 01:31PM P3

**STATE OF NEW YORK**  
**DEPARTMENT OF STATE**

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of  
the Department of State, at the City of  
Albany, on June 16, 2010.

A handwritten signature in black ink, appearing to read "Daniel E. Shapiro".

Daniel E. Shapiro  
First Deputy Secretary of State

Rev. 06/07