

BO6 000000303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

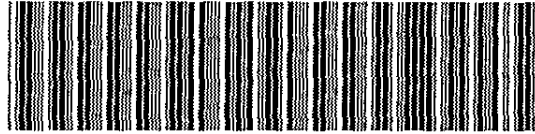
(Document Number)

Certified Copies _____

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06/23/06--01022--006 **1061.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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BO6-303
AK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2006

CARMINE SCIANDRA
4045 AMBOY RD
STATEN ISLAND, NY 10308

SUBJECT: SCIANDRA FAMILY LIMITED PARTNERSHIP
Ref. Number: W06000029773

We have received your document for SCIANDRA FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the company on line 1. On line 2 list the State the company is from.,

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

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 206A00043319

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sciandra Family Limited Partnership
(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:

Carmine B. Sciandra
(Contact Person)

Top Tomato
(Firm/Company)

4045 Ambay Rd
(Address)

Staten Island, NY, 10308
(City, State and Zip Code)

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For further information concerning this matter, please call:

Carmine Sciandra at (917) 974-8804
(Name of Contact Person) (Area Code and Daytime Telephone Number)

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. Selandra Family Limited Partnership

(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.

5/26/00

(Date of Formation)

4. Carmine Selandra

(Name of Registered Agent for Service of Process)

5. 1830 South Ocean Drive Unit #1002

(Florida street address for Registered Agent)

Hallandale Beach, FL, 33009

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.

Carmine Selandra
Signature of Registered Agent

7. 1830 South Ocean Drive Unit #1002

(Principal office address)

Hallandale Beach, FL, 33009

8. If limited partnership is a limited liability limited partnership, check box ☒

Letter #

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9. _____
(Mailing address)

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

Carmine Scalandra
(Name)

5st James PL
(Street Address)
Staten Island, NY, 10304
4045 Ambay Rd.
(Mailing Address)
Staten Island, NY, 10308

Sandra Scalandra
(Name)

5st James PL
(Street Address)
Staten Island, NY, 10304
4045 Ambay Rd.
(Mailing Address)
Staten Island, NY, 10308

Marian Scalandra
(Name)

501 Greaves Ave
(Street Address)
Staten Island, NY, 10308
4045 Ambay Rd
(Mailing Address)
Staten Island, NY, 10308

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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TALLAHASSEE, FLORIDA

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 21 day of June, 2006

Signature of a general partner:

James Scialla

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

State of New York
Department of State } ss:

I hereby certify, that SCIANDRA FAMILY LIMITED PARTNERSHIP a New York Limited Partnership, filed a Certificate of Limited Partnership pursuant to the Partnership Law, on 05/26/2000, and that the Limited Partnership is existing so far as shown by the records of the Department.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 23rd day of May two
thousand and six.*



Special Deputy Secretary of State

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