

B1200000042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

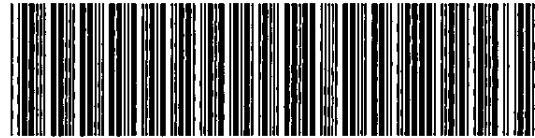
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TALLAHASSEE, FLORIDA

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W12-10227

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **THE CINELLI 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:

JEFFREY SETH SELZER, ESQ.

Contact Person

SELZER & WEISS

Firm/Company

2550 NE 15TH AVE

Address

WILTON MANORS, FL 33305

City, State and Zip Code

JS@SELZERANDWEISS.COM

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

For further information concerning this matter, please call:

JEFFREY SETH SELZER, ESQ. at (**954**) **567-4444**

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. THE CINELLI 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. 01/13/1999

Date of Formation

4. Federal Employer Identification Number: 800050362

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

JEFFREY SETH SELZER, ESQ.

2550 NE 15TH AVE

WILTON MANORS, FL 33305

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.


Signature of Registered Agent

7. Principal Office:

3430 GALT OCEAN DRIVE, STE 1711

FORT LAUDERDALE, 33308

8. Mailing Address:

3430 GALT OCEAN DRIVE, STE 1711

FORT LAUDERDALE, 33308

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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: PETER B. CINELLI

Street Address: 3430 GALT OCEAN DRIVE, STE 1711

FORT LAUDERDALE, 33308

Mailing Address: 3430 GALT OCEAN DRIVE, STE 1711

FORT LAUDERDALE, 33308

Name of General Partner: MICHAEL LiPUMA

Street Address: 3430 GALT OCEAN DRIVE, STE 1711

FORT LAUDERDALE, 33308

Mailing Address: 3430 GALT OCEAN DRIVE, STE 1711

FORT LAUDERDALE, 33308

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

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

Street Address: _____ Street Address: _____

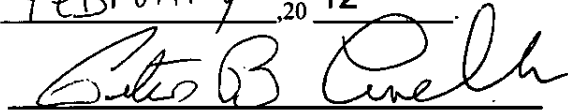
Mailing Address: _____ Mailing Address: _____

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 17th day of February, 2012


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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State of New York
Department of State } ss:

I hereby certify, that THE CINELLI FAMILY LIMITED PARTNERSHIP a New York Limited Partnership, filed a Certificate of Limited Partnership pursuant to the Partnership Law, on 01/13/1999, and that the Limited Partnership is existing so far as shown by the records of the Department.



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 25th day of January two
thousand and twelve.

A handwritten signature in black ink, appearing to read "Neil [unclear]", is written over a faint circular stamp.

First Deputy Secretary of State