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DEC 1 5 2015 **J SHIVERS**



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 15, 2015

CORPORATE ACCESS

SUBJECT: EZRINE BROTHERS, LLLP

Ref. Number: W15000080349

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DEPARTMENT OF STATE

15 DEC 15 PM 2: 59

10 ACKNOWLE PLING

We have received your document for EZRINE BROTHERS, LLLP and your check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 715A00026135

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	FILING							
1.	EZRINE BROTHERS, LLLP (CORPORATE NAME AND DOCUMENT #)							
2.	(CORPORATE NAME AND DOCUMENT #)							
3.	(CORPORATE NAME AND DOCUMENT #)							
4.	(CORPORATE NAME AND DOCUMENT #)							
5.	(CORPORATE NAME AND DOCUMENT #)							
6.	(CORPORATE NAME AND DOCUMENT #)							
SPI	ECIAL INSTRUCTIONS:							

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

EZRINE	BROTHER	RS. L	LLP
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(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.P. or LLP.

If name unavailable, name under which the limited partr business in Flor		limited liability lir contain acceptable		ses to regi	ster to	transact
2 Maryland		3. October 2				
State or Country of Formation	4050		Date of Formation			
4. Federal Employer Identification Number: 52-608	1856					
5. Name of Registered Agent for Service of Process and Charles S. Ezrine	d Florida	Street Address:				
100 Victory Drive	,					
Jupiter, FL 33477						
6. I hereby accept the appointment as registered agent an of all statutes relative to the proper and complete performy position as registered agent. Signat			bligatio			
7. Principal Office:	8. Ma	ailing Address:	•	HA A	EC	5 (
c/o Arnold Foreman c/o		Arnold For	eman	. SS (SS)	11	
29 W. Susquehanna Ave., Ste. 707	29	W. Susqueh	anna Ave., Ste.	7.07		
Towson, MD 21204	To	wson, MD 2	21204	S		I C. in
9. If limited partnership is a limited liability limited pa	artnership	o, check box .		N A	do T	
10. Name, principal office address, and mailing address	ss of each					
Name of General Partner: Anita Foreman		Name of General	Partner: Edwin E	zrine,	Trus	tee
Street Address: 7202 Denberg Rd.		Street Address:	530 Avellino Isle	s Circle	Unit	7301
Baltimore, MD 21209			Naples, FL 3	4119		
Mailing Address: 7202 Denberg Rd.		Mailing Address	530 Avellino Isle	s Circle,	Unit	7301
Baltimore, MD 21209		, ,	Naples, FL 3	4119		
Name of General Partner: Marlene Harrison, Trustee Street Address: 1 Slade Ave., Apt 503		Name of General	Partner: Charles S	S. Ezrin	e	
		Street Address: 100 Victory Drive			•	
Baltimore, MD 21208			Jupiter, FL 3	3477		•
Mailing Address: 1 Slade Ave., Apt 503		Mailing Address	100 Victory D	rive		
Baltimore, MD 21208			Jupiter, FL 3			ш.

Page Name of General Partner:	1 of 2 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 Florida Department of State, by the Secretary of State or other officia the law of which it is organized.							
Signed this 11 day of December	<u>15</u>						
Signature of a	general partner						
The individual signing this document affirm that the facts stated here submitted in a document to the Department of State constitutes a third	in are true and the individual is aware that false information						

Page 2 of 2

\$52.50

\$8.75

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

15 DEC 14 AH 5: 40
SUCRETARY OF STATE

STATE OF MARYLAND Department of Assessments and Taxation

I, HEIDI DUDDERAR OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY LIMITED PARTNERSHIPS, OR THE RIGHTS OF LIMITED LIABILITY LIMITED PARTNERSHIPS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT EZRINE BROTHERS, LLLP, REGISTERED OCTOBER 26, 1984, IS A LIMITED LIABILITY LIMITED PARTNERSHIP EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY LIMITED PARTNERSHIP IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 10, 2015.

Heidi Dudderar

Associate Director

SECRETARY OF STATE



301 West Preston Street, Baltimore, Maryland 21201
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