

**Florida Department of State**  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H17000034024 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : I20040000031  
Phone : (800) 906-9220  
Fax Number : (800) 906-9880

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA/FOREIGN LP/LLP**  
**THE PALER FAMILY LIMITED PARTNERSHIP**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,008.75

FEB 07 2017

**S. YOUNG**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **THE PALER 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:

**SAL ABECASIS**

Contact Person

**ALLSTATE CORPORATE SERVICES CORP**

Firm/Company

**1222 AVENUE, M, SUITE 301**

Address

**BROOKLYN, NY 11230**

City, State and Zip Code

**FILING@ACS123.COM**

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

For further information concerning this matter, please call:

**NAOMI OSTOPOWITZ**

at ( **800** ) **906-9220**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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**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

FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
17 FEB -6 AM 8:24

**State of New York  
Department of State } ss:**

I hereby certify, that THE PALER FAMILY LIMITED PARTNERSHIP a New York Limited Partnership, filed a Certificate of Limited Partnership pursuant to the Partnership Law, on 12/27/2012, and that the Limited Partnership is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of THE PALER FAMILY LIMITED PARTNERSHIP was filed on 01/06/2014.

I further certify, that no other documents have been filed by such Limited Partnership.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 03rd day of February  
two thousand and seventeen.*

A handwritten signature in dark ink, appearing to read "B. Fitzgerald", is written over a faint, circular official stamp.

Brendan W. Fitzgerald  
Executive Deputy Secretary of State

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 FEB -6 AM 8:24

201702060002 \* 91

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

1. THE PALER 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.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. DECEMBER 27, 2012

Date of Formation

4. Federal Employer Identification Number: 46-1638461

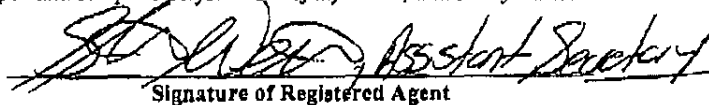
5. Name of Registered Agent for Service of Process and Florida Street Address:

REGISTERED AGENT SOLUTIONS, INC.

155 Office Plaza Dr., Suite A

Tallahassee, FL 32301

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:

1751 SW 134TH

OCALA, FL 34473

8. Mailing Address:

1751 SW 134TH

OCALA, FL 34473

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: IRVING PALER

Street Address: 124 BEACH LANE

WAINSCOTT, NY 11975

Mailing Address: PO. BOX 1158

WAINSCOTT, NY 11975

Name of General Partner: JUNE PALER

Street Address: 124 BEACH LANE

WAINSCOTT, NY 11975

Mailing Address: PO. BOX 1158

WAINSCOTT, NY 11975

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
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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 30<sup>th</sup> day of JANUARY, 20 17

  
 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.

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

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 17 FEB -6 AM 8:24