

B17000000156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

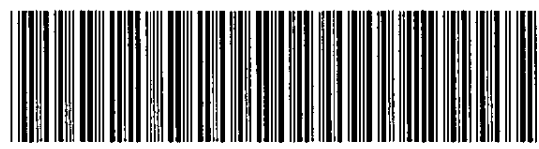
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

D. SCOTT
JUN 21 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2017

CT CORP

SUBJECT: P & C PARTNERS, L.P.
Ref. Number: W17000050013

*6/20/17
Corrected. Please
use the original filing
date if possible.
Thank you*

We have received your document for P & C PARTNERS, L.P. and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Name is unavailable, please choose alternate name.,

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) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 117A00012096

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2017 JUN 20 PM 2:24
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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 6-14-17
ACCT. I20160000072

en: LSW

Name:	<u>PEC Partners, L.P.</u>
Document #:	
Order #:	<u>70707876</u>

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

Filing:	<input checked="" type="checkbox"/> <u>Certified</u>
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 1052.50

Thank you!

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TALLAHASSEE, FLORIDA

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 6-14-17
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Apostille/Notarial Certification:		Country of Destination:	
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Filing:	<input checked="" type="checkbox"/> <u>Certified</u>
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 1052.50

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TALLAHASSEE, FLORIDA

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P & C Partners, L.P.

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:

John R. Aldrich

Contact Person

Bond Schoeneck & King, PLLC

Firm/Company

22 Corporate Woods Blvd Suite 501

Address

Albany, NY 12211

City, State and Zip Code

dmcrowley@bsk.com

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

For further information concerning this matter, please call:

John R. Aldrich

at (518) 533-3240

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

17 JUN 14 AM 9 20
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STATEMENT OF STATUS
TALLAHASSEE, FLORIDA

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

1. P & C Partners, L.P.

(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.

P & C Partners LP A Delaware Limited Partnership

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. Delaware

State or Country of Formation

3. 12/28/1999

Date of Formation

4. Federal Employer Identification Number: 14-1819144

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

Christine C. Riley

800 S. Pointe Drive, #2202

Miami Beach, FL 33139

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:

800 S. Pointe Drive, #2202

Miami Beach, FL 33139

8. Mailing Address:

800 S. Pointe Drive, #2202

Miami Beach, FL 33139

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: Patrick J. Riley

Street Address: 800 S. Pointe Drive, #2202

Miami Beach, FL 33139

Mailing Address: 800 S. Pointe Drive, #2202

Miami Beach, FL 33139

Name of General Partner: Christine C. Riley

Street Address: 800 S. Pointe Drive, #2202

Miami Beach, FL 33139

Mailing Address: 800 S. Pointe Drive, #2202

Miami Beach, FL 33139

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

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JUN 14 1999
REG. SEC. DIV.
TALLAHASSEE, FL

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

Street Address: _____ Street Address: _____

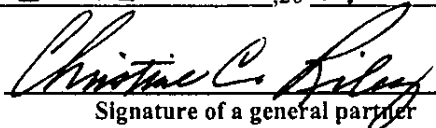
Mailing Address: _____ Mailing Address: _____

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 8th day of June, 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.

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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SECRETARY OF STATE
TALLAHASSEE, FL 32304

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "P & C PARTNERS, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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TALLAHASSEE, FLORIDA



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SR# 20174397522

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202627360

Date: 05-31-17