# B18000000028

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





400308572924

02/07/18--01028--008 \*\*1061.25



FEB 0 9 2018 Y SULKER

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:Sutman Associates, LP	
Name of Foreign Limited Pa	ertnership or Limited Liability Limited Partnership
The enclosed application, certificate of status and partnership to transact business in Florida.  Please return all correspondence concerning this	fees are submitted to register a foreign limited partnership or limited liability limited matter to:
Jeff Mandelbaum, Esq.	
Contact Person	<del></del>
Mandelbaum & Mandelbaum	
Firm/Company	<del></del>
80 Main Street, Suite 510	
Address	<del></del>
West Orange, New Jersey 07052	
City, State and Zip Code	
jeffm@mandelbaumfirm.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pl	ease call:
Jeff Mandelbaum	at ( 973 ) 325-0011
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
\$1,000.00 Filing Fees \$1,008.75 Filing F (\$965 Filing Fee and \$35 Registered Agent Fee) \$\$1,008.75 Filing F and Certificate of Status	ees \$\int \\$1,052.50\$ Filing Fees and Certified Copy  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

L. Sutman Associates, LP

(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. 3. March 29, 1985 2 New Jersey State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 22-2107380 5. Name of Registered Agent for Service of Process and Florida Street Address: Matthew T. Blackshear, Esq. 4301 W. Boy Scout Blvd., Ste. 300 Tampa, Florida 33607 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 dufies, and I am familiar with and accept the obligations of my position as registered agent. Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 80 Main Street, Suite 510 80 Main Street, Suite 510 West Orange, New Jersey 07052 West Orange, New Jersey 07052 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:\_\_ Sutman Associates, L.L.C. Name of General Partner: 80 Main Street, Suite 510 Street Address: Street Address: West Orange, New Jersey 07052 80 Main Street, Suite 510 Mailing Address: Mailing Address:\_\_ West Orange, New Jersey 07052 Name of General Partner: \_\_\_\_\_\_ Name of General Partner: \_\_\_ Street Address: Street Address: Mailing 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:	after the date this document is filed by the Florida Department of State.) applicable statutory filing requirements, this date will not be listed as the records.	
Florida Department of State, by the Secretary of State or the law of which it is organized.	ted, not more than 90 days prior to the delivery of this application to the other official having custody of the entity's records in the jurisdiction under	ег
Signed this 29th day of day of	20 18	
By: Sutman .	Associates, L.L.C., its General Partner	
Jeff Ma The individual signing this document affirms that the fac	cts stated herein are true and the individual is aware that false information stitutes a third degree felony as provided for in s.817.155 P.S.	
Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee).	
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	
	Page 2 of 2	

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

# SUTMAN ASSOCIATES

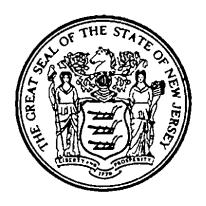
0600004212

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Partnership was registered by this office on March 29, 1985.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MICHAEL MANDELBAUM 80 MAIN ST WEST ORANGE, NJ 07052-0000



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 23rd day of January, 2018

Elizabeth Maher Muoio Acting State Treasurer

Certificate Number: 6085536552

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp