

4/2020

Division of Corporations

Florida Department of State

Division of Corporations

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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TALLAHASSEE, FL.

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****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
BAIFOUR ASSOCIATES, L.P.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

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Corporate Filing Menu

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

1. BALFOUR ASSOCIATES, 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.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. NJ

State or Country of Formation

3. 6/16/1998

Date of Formation

4. Federal Employer Identification Number: 13-4010264

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

C T Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

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.

Christine Keim
Assistant Secretary

Signature of Registered Agent

7. Principal Office:

159 W 53rd Street, Apt 32G

New York, NY 10019-6068

8. Mailing Address:

PF Financial Services, Inc.

159 W 53rd St, Apt 32G

New York, NY 10019-6068

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: Terri Mintzer

Name of General Partner: _____

Street Address: 159 W 53rd Street, Apt 32G

Street Address: _____

New York, NY 10019-6068

Mailing Address: 159 W 53rd Street, Apt 32G

Mailing Address: _____

New York, NY 10019-6068

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

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SECRETARY
TALLAHASSEE, FL

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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 27th day of April, 2020

Terri Mintz
Signature of a general partner

The individual signing this document affirms 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

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

BALFOUR ASSOCIATES, L.P.
0600052669

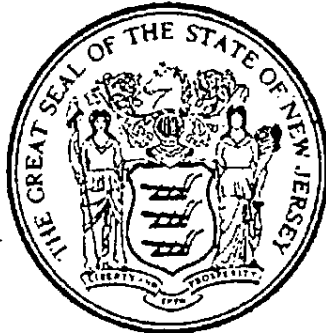
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Partnership was registered by this office on June 16, 1998.

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:

**RICHARD TROPP
16 SCHIREWOOD DR.
SCOTCH PLAINS, NJ 07076-0000**

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SECRETARY OF
TREASURY



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
27th day of April, 2020*

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number: 6107113285

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/USP/Verify_Cert.jsp