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US  
12/17

TO: Registration Section  
Division of Corporations

SUBJECT: The Robert S. Weiss Family Limited Partnership II  
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 in partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Adam Weiss, Esq.

Contact Person

Solomon, Cooperman and Recanto, LLP

Firm/Company

1101 Brickell Avenue, Suite N-1101

Address

Miami, FL 33131

City, State and Zip Code

RWeiss6@gmail.com

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

For further information concerning this matter, please call:

Adam Weiss

Name of Contact Person

at ( 201 )

725-9050

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fee (S965 Filing Fee and S35 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

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The Robert S. Weiss Family Limited Partnership I I  
(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.

2. New Jersey  
State or Country of Formation

3. October 13, 2000  
Date of Formation

4. Federal Employer Identification Number: 22-3759890

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

Robert S. Weiss  
5005 Collins Avenue, Apt. 210  
Miami Beach, FL 33140

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.

Robert S. Weiss

Signature of Registered Agent

7. Principal Office:

90 Paterson Street  
New Brunswick, NJ  
08901

8. Mailing Address:

5005 Collins Avenue  
Apt 210  
Miami Beach, FL 33140

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: Robert S. Weiss

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

Street Address: 5005 Collins Ave.

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

Apt. 210, Miami Beach, FL 33140

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

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

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: \_\_\_\_\_

*(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 and the law of which it is organized.

Signed this 10 day of December, 2020



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.

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

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

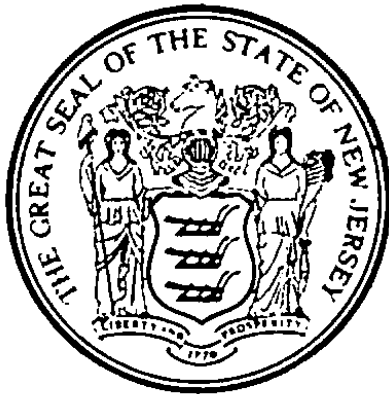
**THE ROBERT S. WEISS FAMILY LIMITED PARTNERSHIP II**  
0600100225

*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 October 13, 2000.*

*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:*

ROBERT S WEISS  
90 Paterson Street  
New Brunswick, NJ 08901



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
8th day of December, 2020

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 2524482035

Verify this certificate online at

[https://www1.state.nj.us/TYTR/StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR/StandingCert/JSP/Verify_Cert.jsp)