

B23000000025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

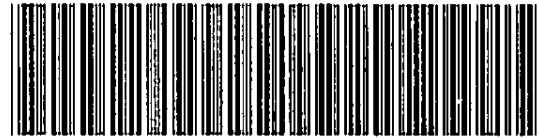
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. LEMUEUX
JAN 19 2023

2022
1/5/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Falcon Rappaport & Berkman LLP
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:

Josbeca Munoz

Contact Person

Falcon Rappaport & Berkman LLP

Firm/Company

265 Sunrise Highway, Suite 50

Address

Rockville Centre, NY 11570

City, State and Zip Code

jmuno@frblaw.com

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

For further information concerning this matter, please call:

Josbeca D. Munoz

at (516) 599-0888

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

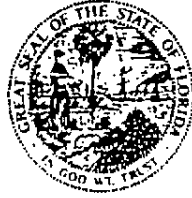
- \$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2022

JOSBECA MUNOZ
265 SUNRISE HWY STE 50
ROCKVILLE CENTRE, NY 11570

SUBJECT: FALCON RAPPAPORT & BERKMAN LLP
Ref. Number: W22000151834

/ We have received your document for FALCON RAPPAPORT & BERKMAN LLP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

/ A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

/ 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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 722A00027396

RECEIVED
JAN 04 2023

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

1. Falcon Rappaport & Berkman LLP

(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 York

State or Country of Formation

3. 10/24/2022

Date of Formation

4. Federal Employer Identification Number: 92-0665282

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

Ian Horowitz

1900 Glades Rd., suite 55

Boca Raton, FL 33431

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:

265 Sunrise Hwy Ste 50
Rockville Centre, NY 11570

8. Mailing Address:

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: Kenneth J. Falcon

Name of General Partner: Matthew E. Rappaport

Street Address: 265 Sunrise Highway, Suite 50
Rockville Centre, NY 11570

Street Address: 265 Sunrise Highway, Suite 50
Rockville Centre, NY 11570

Mailing Address: same

Mailing Address: same

Name of General Partner: Jeffrey W. Berkman

Name of General Partner: Michele Schlereth

Street Address: 265 Sunrise Highway, Suite 50
Rockville Centre, NY 11570

Street Address: 265 Sunrise Highway, Suite 50
Rockville Centre, NY 11570

Mailing Address: same

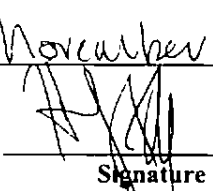
Mailing Address: same

2023 JAN -4 PM 6:10
LLP

Name of General Partner:	<u>Paul M. O'brien</u>	Name of General Partner:	<u>Moish E. Peltz</u>
Street Address:	<u>265 Sunrise Highway</u> <u>Rockville Centre, Ny 11570</u>	Street Address:	<u>265 Sunrise Highway</u> <u>Rockville Centre, NY 11570</u>
Mailing Address:	<u>same</u>	Mailing Address:	<u>same</u>

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 17th day of November, 20 22


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 YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: FALCON RAPPAPORT & BERKMAN LLP
DOS ID Number: 6611445
Entity Type: DOMESTIC REGISTERED LIMITED LIABILITY PARTNERSHIP
Entity Status: REGISTERED
Date of Initial Filing with DOS: 10/07/2022
Statement Status: CURRENT
Statement Due Date: 10/31/2027

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State,
at the City of Albany, on November 09, 2022 at 12:57 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State