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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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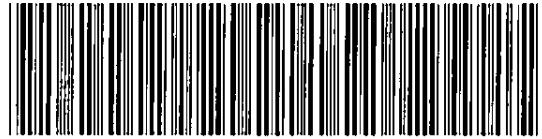
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Czarnowski & Beer 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:

Avraham Zanjirian, CPA

Contact Person

Czarnowski & Beer LLP

Firm/Company

4-14 Saddle River Road, Suite 203

Address

Fair Lawn, NJ 07410

City, State and Zip Code

aviz@czarbeer.com

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

For further information concerning this matter, please call:

Avraham Zanjirian

at (646) 854-3106

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

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

1. Czarnowski & Beer 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. NY
State or Country of Formation

3. 05/18/1986
Date of Formation

4. Federal Employer Identification Number: 13-3599602

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

Avraham Zanjirian, CPA

1615 South Congress Avenue, Suite 103

Delray Beach, FL 33445

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]
Signature of Registered Agent

7. Principal Office:

5 Penn Plaza, 23rd Floor

New York, NY 10001

8. Mailing Address:

5 Penn Plaza, 23rd Floor

New York, NY 10001

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: Stephen Beer, CPA

Street Address: 5 Penn Plaza, 23rd Floor
New York, NY 10001

Mailing Address: 5 Penn Plaza, 23rd Floor
New York, NY 10001

Name of General Partner: Avraham Zanjirian, CPA

Street Address: 5 Penn Plaza, 23rd Floor
New York, NY 10001

Mailing Address: 5 Penn Plaza, 23rd Floor
New York, NY 10001

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

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

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

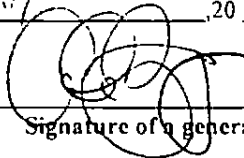
11. Effective date, if other than the date of filing: 03/25/2024

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

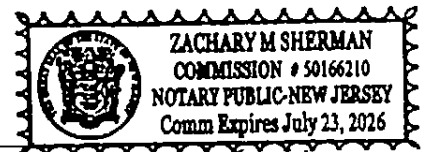
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 2nd day of January, 2024



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:	CZARNOWSKI & BEER LLP
DOS ID Number:	3292932
Entity Type:	DOMESTIC REGISTERED LIMITED LIABILITY PARTNERSHIP
Entity Status:	REGISTERED
Date of Initial Filing with DOS:	12/14/2005
Statement Status:	CURRENT
Statement Due Date:	12/31/2025

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 March 21, 2024 at 10:50 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>