

F240000003370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2024 JUN 19 PM 4:56



June 17, 2024

Re: DFP Partners CPA, P.C.

Florida Department of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303
Attn: Andrea Andrews, Regulation Specialist II

Ref #: W24000085604
Letter #: 724A00012336

Dear Ms. Andrews,

Enclosed please find an amended "Application by Foreign Corporation for Authorization to Transact Business in Florida." In accordance with your letter (also enclosed) dated June 6, 2024, DFP Partners CPA, P.C. amended section 1 of the application to "DFP Partners CPA, Corp." Everything else in the application remained the same.

If satisfactory, please apply the \$87.50 check on file to the processing of our registration.

Please feel free to contact me if needed [cmuller@dfppartners.com] or 954-907-2655 (cell phone).

Best Regards,

A handwritten signature in black ink, appearing to read 'Casey Muller', with a long horizontal flourish extending to the right.

Casey Muller, Esq., Director of Legal
DFP Partners CPA, P.C.

RECEIVED

JUN 19 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DFP PARTNERS CPA, P.C.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CASEY MULLER, ESQ.

Name of Person

DFP PARTNERS CPA, P.C.

Firm/Company

485 MADISON AVENUE, 15TH FL

Address

NEW YORK, NY 10022

City/State and Zip code

CMULLER@DFPPARTNERS.COM

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

For further information concerning this matter, please call:

CASEY MULLER, ESQ.

at (954) 907-2655

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

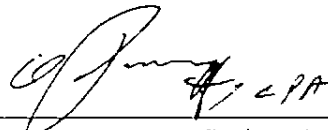
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. DFP PARTNERS CPA, P.C., CORP.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NEW YORK 3. 13-3801236
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/30/1994 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. July 2021
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 485 Madison Avenue, 15th Floor, New York, NY 10022
(Principal office street address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: David Portnoff, CPA
- Office Address: 78 SW 7th Street, Office 5-110
- Miami, Florida 33130
(City) (Zip code)

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9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.


(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Robert Fortino, CPA
☐ Vice Chairman Address: 2 Piedmont Court
☐ Director Centereach, NY 11720
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other Managing Partner ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other _____ ☐ Other _____

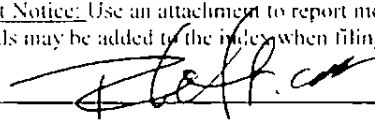
☐ Chairman Name: David Portnoff, CPA
☐ Vice Chairman Address: 5788 SW 77th Ter South
☐ Director Miami, FL 33143
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other Senior Partner ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Richard Daniels, CPA
☐ Vice Chairman Address: 444 12th Street, Apt. 3B
☐ Director Brooklyn, NY 11215
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other Senior Partner ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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.

13. Robert Fortino, CPA, Managing Partner
(Typed or printed name and capacity of person signing application)

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:	DFP PARTNERS CPA, P.C.
DOS ID Number:	1880260
Entity Type:	DOMESTIC PROFESSIONAL SERVICE CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	12/30/1994
Statement Status:	CURRENT
Statement Due Date:	12/31/2024

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 22, 2024 at 09:36 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes
Executive Deputy Secretary of State