

M19000000234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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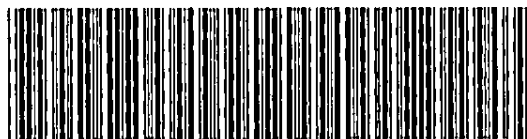
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CPS PARTNERS LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ALAN ROSEN
Name of Person

BURNSTEIN ROSEN + COMPANY CPAS PC
Firm/Company

630 THIRD AVE # 1502
Address

NEW YORK, NY 10017
City/State and Zip Code

arosen@burnsteinrosen.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan Rosen at (212) 611-9700 x 9706
Name of Contact Person Area Code Daytime Telephone Number

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

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CPI'S PARTNERS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEW YORK 3. 26-1943730
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. 1/1/19
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 300 SE FIFTH AVE #2080 6. 300 SE FIFTH AVE #2080
(Street Address of Principal Office) (Mailing Address)

BOCA RATON, FL 33432 BOCA RATON, FL 33432

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DENNIS GILBERT

Office Address: 300 SE FIFTH AVE #2080
BOCA RATON, Florida 33432
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

[Signature]
(Registered agent's signature)

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8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

MANAGER

DENNIS GILBERT

300 SE FIFTH AVE #2080

BOCA RATON, FL 33432

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AND
FILED

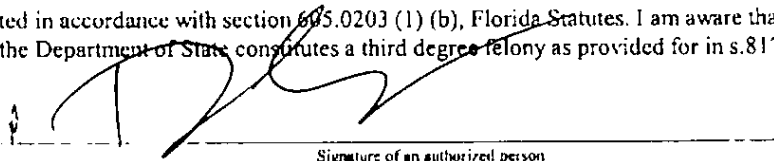
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TALLAHASSEE, FLORIDA

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 5.0203 (1) (b), Florida Statutes. I am aware that any 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.



Signature of an authorized person

DENNIS GILBERT

Typed or printed name of signee

State of New York
Department of State } **ss:**

I hereby certify, that CPB PARTNERS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/07/2008, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of CPB PARTNERS LLC was filed on 05/05/2008.

A Certificate of Publication of CPB PARTNERS LLC was filed on 05/05/2008.

A Biennial Statement was filed 03/17/2010.

A Biennial Statement was filed 03/26/2012.

A Biennial Statement was filed 04/04/2014.

The Biennial Statement is past due.

I further certify, that no other documents have been filed by such Limited Liability Company.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 17th day of December
two thousand and eighteen.*

Whitney Clark
Deputy Secretary of State