

A06000001004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

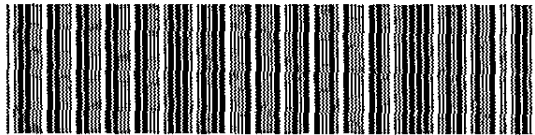
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 308414 134758A

AUTHORIZATION :

COST LIMIT : \$ 1000

06 AUG 14 PM 1:03  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : August 14, 2006

ORDER TIME : 8:57 AM

ORDER NO. : 308414-005

CUSTOMER NO: 134758A

DOMESTIC FILING

NAME: LEVINSON/BERSON FAMILY LIMITED  
LIABILITY LIMITED PARTNERSHIP  
LLLP

EFFECTIVE DATE:

       ARTICLES OF INCORPORATION  
XX        CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XXX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - EXT. 2926

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
06 AUG 14 PM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
LEVINSON/BERSON FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP LLLP

The undersigned, being the sole General Partner of  
LEVINSON/BERSON FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP,  
hereby duly executes and files with the Florida Secretary of  
State this Certificate of Limited Liability Limited Partnership.

1. The name of this limited liability limited partnership is  
the **LEVINSON/BERSON FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP  
LLLP**.

2. The business address and the mailing address of this  
limited liability limited partnership is 900 Bay Drive, PH1, Miami  
Beach, Florida 33141.

3. The name of the registered agent for service of process  
required by §620.105 of the Florida Statutes is Ted Klein.

4. The Florida street address for the registered agent is:

8030 Peters Road, Suite D-104  
Plantation, Florida 33324

5. Acceptance of Appointment of Registered Agent:

I hereby accept the appointment as the registered agent of  
LEVINSON/BERSON FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP LLLP,  
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.

  
\_\_\_\_\_  
Ted Klein

Dated: August 7, 2006

6. If limited partnership elects to be a limited liability  
limited partnership, check box [X]. This partnership elects to be  
a limited liability limited partnership.

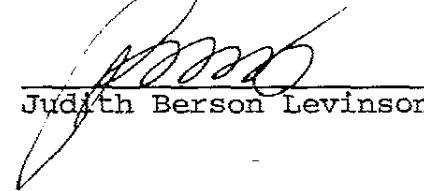
7. The name and business address of the general partner is  
Steven Zvi Levinson and Judith Berson Levinson, his wife, as  
tenants by the entireties, whose address is 900 Bay Drive, PH1,  
Miami Beach, Florida 33141.

**IN WITNESS WHEREOF**, the undersigned, constituting the sole  
General Partner (the General partner interest is owned by the  
undersigned as tenants by the entireties) have executed the

foregoing Certificate of Limited Liability Limited Partnership on  
the 9 day of ~~July~~ <sup>August</sup>, 2006.



Steven Zvi Levinson



Judith Berson Levinson

\\Secretary\WP\PTRSHP\certificate.levinson.berson.wpd