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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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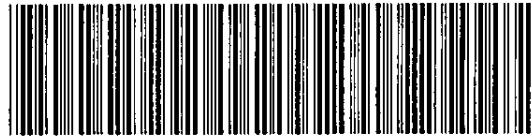
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 18 AM 10:46

T. HAMPTON
AUG 19 2010
EXAMINER

LISA BRADEN, P.A.
4623 FOREST HILL BLVD., SUITE 108-1
WEST PALM BEACH, FLORIDA 33415
E-Mail: lisa@lisabraden.com

Website: www.lisabraden.com

Telephone: (561) 641-1888

August 13, 2010

Corporate Records Bureau
Division of Corporations
Department of State
P. O. Box 6327
Tallahassee, FL 32314

Re: Certificate of Limited Partnership of LEVINSON MEDICAL CENTERS, LLLP

Dear Sirs:

Enclosed please find an original and one copy of the Certificate of Limited Partnership for the above-captioned partnership. A check in the amount of \$1,052.50 made payable to your order is enclosed which represents \$965.00 filing fee; registered agent designation fee of \$35.00 and \$52.50 for a certified copy.

Please forward the certified copy to the undersigned at the above address.

Thank you for your cooperation in this matter.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Lisa Braden', with a stylized flourish at the end.

Lisa Braden

CERTIFICATE OF LIMITED PARTNERSHIP

OF

LEVINSON MEDICAL CENTERS, LLLP

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The undersigned general partner does hereby sign and swear to this Certificate of Limited Partnership and pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act of 2005, desire to form a limited liability limited partnership under the following terms and conditions.

ARTICLE I - NAME OF LIMITED PARTNERSHIP

The name of this limited liability limited partnership, hereinafter called the "limited partnership", shall be the "LEVINSON MEDICAL CENTERS, LLLP".

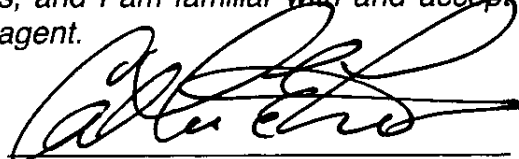
ARTICLE II - INITIAL DESIGNATED OFFICE

The initial street address of the initial designated office of this limited partnership shall be 17011 Pines Blvd., Pembroke Pines, Florida 33027. The mailing address of the limited partnership is 17011 Pines Blvd., Pembroke Pines, Florida 33027.

ARTICLE III - REGISTERED AGENT AND ADDRESS OF REGISTERED AGENT

The designated agent for service of process shall be Catherine Levinson, whose address is 17011 Pines Blvd., Pembroke Pines, Florida 33027.

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 to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Catherine Levinson

ARTICLE IV - NAME OF GENERAL PARTNERS AND BUSINESS ADDRESSES

The general partner and their business address is:

NAME:

D. Mitchell Levinson &
Catherine Levinson as tenancy by the
entireties

BUSINESS ADDRESS:

17011 Pines Blvd.
Pembroke Pines, FL 33027

ARTICLE V - TERM OF EXISTENCE

The limited partnership existence shall commence as of the date on which this
Certificate of Limited Partnership is filed with the necessary filing fee with the Florida
Department of State.

ARTICLE VI - LIMITED LIABILITY LIMITED PARTNERSHIP ELECTION

This limited partnership elects to be a limited liability limited partnership.

Signed this 11 day of August, 2010

GENERAL PARTNER:

D. Mitchell Levinson & Catherine
Levinson as Tenancy by the Entireties



D. Mitchell Levinson



Catherine Levinson

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