## A1500000603

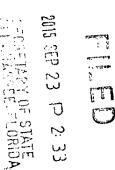
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	2 #N
(0.11	y/Otate/Zip/i flori	C #1
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
<b>\</b>	<b>,</b>	··- <b>,</b>
(17)-	and Nimelean	
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer	
Special instructions to	rilling Officer.	
		<u> </u>

Office Use Only



800277205588

09/23/15--01027--006 \*\*1008.75



SEP 2 4 2015

8 MASON

## **COVER LETTER**

Division of Corporations	
SUBJECT: Levy Investment Compa	any, LP
	tnership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partner	ship and fees are submitted for filing.
Please return all correspondence concerning	this matter to:
Maurice Levy	
Contact Person	<del></del>
Firm/Company	
16064 Villa Viscaya Pla	ace
Address	<del></del>
Delray Beach, FL 33446	-2341
City, State and Zip Code	
maurielevy@aol.com E-mail address: (to be used for future annual re	port notification)
For further information concerning this mat	ter, please call:
Maurice Levy	at (623 ) 374-6893
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount	nt:
\$1,000.00 Filing Fees \$1,008.75 Filing Fees and \$35 Registered Agent Fee) \$1,008.75 Filing Fees and Certificate of Status	\$1,052.50 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	rananassee, re 32314

CR2E030 (01/06)

## CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

1	Levy Investment Company, LP
Accept	Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) table Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ud. table Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P. LP. LP. LP. LP. LP. LP. LP. LP.
2	16064 Villa Viscaya Place, Delray Beach, FL 33446-2341
	(Street address of initial designated office)
3	Maurice Levy
-	(Name of Registered Agent for Service of Process)
4.	16064 Villa Viscaya Place, Delray Beach, FL 33446-2341
	(Florida street address for Registered Agent)
6	ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper and complete performance of my duties, am familian with and accept the obligations of my position as registered agent  Signature of Existered Agent  Signature of Existered Agent  (Mailing address of initial designated office)  And Ridge, IL 60068
7. If	limited partnership elects to be a limited liability limited partnership, check box

Page 1 of 2



2015-09-2110:17

MUNIUM I BAN	クモハ のっしんし わしっぱしししっき しじゅっこ ニジックハハ
Philip Levy	350 South Northwest Hwy, ste300
,	Park Ridge, IL 60068
Sandra Levy 12011	350 South Northwest Hwy, ste300
	Park Ridge, IL 60068
Lynda Levy	350 South Northwest Hwy, ste 300
	Park Ridge, IL 60068
9. Effective date, if other then the date of	of filing:
(Effective date cannot be prior to	nor more than 90 days after the date the document is
(Effective date cannot be prior to filed by the Florida Department o	nor more than 90 days after the date the document is of State.)
9. Effective date, if other then the date of (Effective date cannot be prior to filed by the Florida Department of Signed this	nor more than 90 days after the date the document is of State.)  y of September 2015
(Effective date cannot be prior to filed by the Florida Department of Signed this 10th day	nor more than 90 days after the date the document is of State.)  y of September 2015
(Effective date cannot be prior to filed by the Florida Department of Signed this 10th day Signature of each general partner stated herein are true, I/We am/an	nor more than 90 days after the date the document is  of State.)  y of September .2015  I/We submit this document and affirm that the facts aware that any false information submitted in a tate constitutes a third degree felony as provided for in
(Effective date cannot be prior to filed by the Florida Department of Signed this 10th day Signature of each general partner stated herein are true, I/We am/an	nor more than 90 days after the date the document is of State.)  y of September 2015
(Effective date cannot be prior to filed by the Florida Department of Signed this 10th day Signature of each general partner stated herein are true. I/We am/ar document to the Department of S	nor more than 90 days after the date the document is  of State.)  y of September .2015  I/We submit this document and affirm that the facts aware that any false information submitted in a tate constitutes a third degree felony as provided for in
(Effective date cannot be prior to filed by the Florida Department of Signed this 10th day Signature of each general partner stated herein are true. I/We am/ar document to the Department of S	nor more than 90 days after the date the document is  of State.)  y of September .2015  I/We submit this document and affirm that the facts aware that any false information submitted in a tate constitutes a third degree felony as provided for in
(Effective date cannot be prior to filed by the Florida Department of Signed this 10th day Signature of each general partner stated herein are true. I/We am/ar document to the Department of S	nor more than 90 days after the date the document is  of State.)  y of September .2015  I/We submit this document and affirm that the facts aware that any false information submitted in a tate constitutes a third degree felony as provided for in

Page 2 of 2