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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Irving & Shirley Levy Family Partnership	
Name of Florida Limited Partnership	or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partnership and	fees are submitted for filing.
Please return all correspondence concerning this ma	itter to:
Rena Twoff  Contact Person  TWAY Shirley Levy  Firm/Company  4500 PINE TREE I  Address  MIAMI BEACH  City, State and Zip Code  T twoff @ aol. C  E-mail address: (to be used for future annual report notifi	FL 33140
For further information concerning this matter, plea	
	305) 5888326 a Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
\$1,000.00 Filing Fees S1,008.75 Filing Fees S1.0 and Certificate of Status  Status  Status	52.50 Filing Fees S1,061.25 Filing Fees, Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

CR2E030 (6/17)

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

1(Name	of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership. Limited Partnership. Limited Partnership. Limited Partnership.
	s: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
2	(Street address of initial designated office)
	MIAMI BEACH, FL 33140
3	Rena Turott
	(Name of Registered Agent for Service of Process)
4	(Florida street address for Registered Agent)
	MIAMI BEACH FZ 33140
with t	nereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply he provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.
	Re Tul
	Signature of Registered Agent
6 .	4500 PINE TREE DR SE
U	(Mailing address of initial designated office)
	(Mailing address of initial designated office)  MIAMI BEACH FL 33778
7. If	limited partnership elects to be a limited liability limited partnership, check box 5

8. Name and business address of each gen Name:	Business Address:
Abby Wiener	2720 Chew St, Allentown PA 18104
Leonard Levy	609 S. Forest Dr, Teaneck NJ 07666
Rena Turoff	4500 Pine Tree Drive , Miami Beach, FL 33140
Efizabeth Muschel	208 Grandview Ave, Monsey NY 10952
the Florida Department of State.) Note: If the date inserted in this block doe	filing:  e than 90 days after the date the document is filed by  es not meet the applicable statutory filing requirements,  t's effective date on the Department of State's records.
Signed this 16 m day	or November 2021
herein are true. I/We am/are aware that any Department of State constitutes a third deg	ibmit this document and affirm that the facts stated by false information submitted in a document to the gree felony as provided for in s.817.155, F.S.  EM & Cliqueth Muscle Flizabeth Musc
An M Revaly	off for
Filing Fees: \$1,00 Certified Copy (optional): \$52.5 Certificate of Status (optional): \$8.75	

Page 2 of 2

<ol><li>Name and business address of each Name:</li></ol>	Business Address:
Alan Wiener	2720 Chew St, Allentown PA 18104
Betsy Levy	609 S. Forest Dr, Teaneck NJ 07666
Norman Turoff	4500 Pine Tree Drive , Miamí Beach, FL 33140
Michael Muschel	208 Grandview Ave, Monsey NY 10952
<i>the Florida Department of State.)</i> <b>Note:</b> If the date inserted in this blocl	te of filing:  - more than 90 days after the date the document is filed by k does not meet the applicable statutory filing requiremen ument's effective date on the Department of State's record
Signed this	day of November 2021
herein are true. I/We am/are aware th	We submit this document and affirm that the facts stated hat any false information submitted in a document to the rd degree felony as provided for in \$817.155, F.S.
W AMINEW AKINT	Wayn Mrchael Musche
Norme	es Turoff
Filing Fees: Certified Copy (optional): Cartificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50

Page 2 of 2