

# A96000002446

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

(904) 385-6738

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

96 DEC 24 PM 5:53  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
FILED  
12/21/96  
\*\*\*1837.50 \*\*\*1837.50

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. The Levy Family Limited Partnership  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time \_\_\_\_\_

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION      |                     |
|-------------------------------------|---------------------|
| <input type="checkbox"/>            | Foreign             |
| <input checked="" type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/>            | Reinstatement       |
| <input type="checkbox"/>            | Trademark           |
| <input type="checkbox"/>            | Other               |

G. TAX \_\_\_\_\_  
FILING \_\_\_\_\_  
2. AGENT FEE \_\_\_\_\_  
G. COPY \_\_\_\_\_  
TOTAL \_\_\_\_\_  
N. BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
RECEIVED

Examiner's Initials

MA



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

December 23, 1996

**FILINGS, INC.**

**TALLAHASSEE, FL**

**SUBJECT: THE LEVY FAMILY LIMITED PARTNERSHIP**  
**Ref. Number: W96000026854**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 DEC 24 PM 12:50

We have received your document for **THE LEVY FAMILY LIMITED PARTNERSHIP** and check(s) totaling \$1837.50. However, your check(s) and document are being returned for the following:

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6914.

**Buck Kohr**  
Corporate Specialist

**Letter Number: 396A00058997**

RECEIVED  
96 DEC 24 AM 10:41  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 DEC 24 PM 12:51

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
THE JOSEPH LEVY FAMILY LIMITED PARTNERSHIP.  
A FLORIDA LIMITED PARTNERSHIP**

1. Name. The name of the Partnership is THE JOSEPH LEVY FAMILY LIMITED PARTNERSHIP.

2. Business Address. The principal place of business is 20290 Fairway Oaks Drive, Apartment 261, Boca Raton, Florida 33434.

3. Registered Agent. The Partnership has designated JOSEPH LEVY as its Registered Agent.

4. Street Address of Registered Agent. The street address of the Registered Agent is 20290 Fairway Oaks Drive, Apartment 261, Boca Raton, Florida 33434.

5. Acceptance by Registered Agent. Having been named to accept service of process for the above stated Limited Partnership, at the initial registered office of the Limited Partnership in this State, I hereby accept to act in this capacity and agree to comply with the provisions of any applicable statute related thereto.

By: Joseph Levy  
JOSEPH LEVY, Resident Agent

6. Mailing Address. The mailing address of the Partnership is c/o JOSEPH LEVY, 20290 Fairway Oaks Drive, Apartment 261, Boca Raton, Florida 33434.

7. Termination. The Partnership shall begin on date of filing of this Certificate with the Department of State and shall continue for twenty-five (25) years thereafter unless sooner dissolved by law or by agreement of the parties hereto or unless extended by a majority agreement of the Partners.

8. The General Partner. The name and address of the General Partner is:

| General Partner | Residence   |
|-----------------|---|
| JOSEPH LEVY     | 20290 Fairway Oaks Drive, Apartment<br>261, Boca Raton, Florida 33434 |

IN WITNESS WHEREOF, the General Partner has hereunto set his hand and seal  
the 22nd day of November, 1996.

Signed, Sealed and Delivered  
in the presence of:

GENERAL PARTNER

Harry Carlson

Joseph Levy  
JOSEPH LEVY

Charles T. Weiss  
Witnesses

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 DEC 24 PM 12:51

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN THIS STATE  
NAMING REGISTERED AGENT UPON  
WHOM PROCESS MAY BE SERVED**

The following is submitted pursuant to Chapter 620, Florida Statutes:

THE JOSEPH  
LEVY FAMILY LIMITED PARTNERSHIP, desiring to organize under the laws of  
the State of Florida, has named JOSEPH LEVY, whose address is 20290 Fairway Oaks  
Drive, Apartment 261, Boca Raton, Florida 33434, as its initial registered agent to accept  
service of process within this State.

**ACKNOWLEDGMENT:**

Having been named to accept service of process for the above stated Limited  
Partnership, at the initial registered office of the Limited Partnership in this State,  
hereby accept to act in this capacity and agree to comply with the provisions of  
applicable statute related thereto.

Dated this 22nd day of November, 1996.

By:

*Joseph Levy*  
JOSEPH LEVY, Resident Agent

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
DEC 24 PM 12:51

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
TO THE  
THE JOSEPH LEVY FAMILY LIMITED PARTNERSHIP  
A FLORIDA LIMITED PARTNERSHIP**

STATE OF FLORIDA                     )  
  )ss.  
COUNTY OF PALM BEACH         )

BEFORE ME, the undersigned, constituting the General Partner of THE JOSEPH LEVY FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership, who certifies as follows:

1. Amount of Initial Contribution. The amount of capital contributions to date of the Limited Partners is \$1,500,000--

2. Additional Contributions. No additional contributions of the Limited Partners have been agreed upon.

DATED: This 18 day of DECEMBER, 1996.

FURTHER AFFIANT SAYETH NAUGHT.

Under the penalties of perjury, we declare that we have read the foregoing and that the facts alleged are true, to the best of our knowledge and belief.

GENERAL PARTNER:

Joseph Levy  
JOSEPH LEVY

The foregoing instrument was acknowledged before me by JOSEPH LEVY, as General Partner (Personally known to me OR who produced Florida Drivers License as identification).

18th WITNESS my hand and official seal in the County and State last aforesaid this day of December, 1996.

(SEAL)

Wanda C. Reitz  
Notary Public State of  
Florida, at Large

My commission expires:

OFFICIAL NOTARY SEAL  
WANDA C REITZ  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION NO. CC306461  
MY COMMISSION EXP. AUG. 8, 1997

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 DEC 24 PM 12:51

# A96000002446

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

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(Address)

TALLAHASSEE, FLORIDA 32308

(904) 385-6735

(City, State, Zip)

(Phone #)

000002238420---0

-07/15/97--01062--015

\*\*\*\*105.00 \*\*\*\*105.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

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(Corporation Name) (Document #)

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(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

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☐ Photocopy

☐ Certificate of Status

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| <input type="checkbox"/>       | Other               |

G. TAX FILING 52.50  
R. AGENT FEE 52.50  
C. COPY 105.00  
TOTAL 210.00  
V. BANK BALANCE DUE  
FFIND

7/11/97  
RECEIVED  
97 JUL 11 AM 10:00  
Examiner's Initials BN

**CERTIFICATE OF AMENDMENT  
OF  
THE JOSEPH LEVY FAMILY LIMITED PARTNERSHIP,  
A FLORIDA LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JUL 11 PM 3:48

1. Name. The name of the Partnership is THE JOSEPH LEVY FAMILY LIMITED PARTNERSHIP.

2. Date of Filing. The Certificate of Limited Partnership was filed on December 24, 1996.

3. Amendments. The Partnership Agreement is hereby amended as follows:

i. The name of the Partnership is changed to ~~the~~ JOSEPH LEVY PARTNERSHIP, LTD.

ii. The following person is added as General Partner:

GABRIELLE LEVY                      20290 Fairway Oaks Drive, Apartment  
261, Boca Raton, Florida 33434

IN WITNESS WHEREOF, the General Partners have hereunto set their hands and seals the 6 day of June, 1997.

**GENERAL PARTNERS**

Ginnabelle Sanders

Witness

W. Trachtenberg

Witness

Ginnabelle Sanders

Witness

W. Trachtenberg

Witness

Joseph Levy

JOSEPH LEVY

Dated:

6/1/97

Gabrielle Levy

GABRIELLE LEVY

Dated:

6/1/97