## B0600000212

(Requestor's Name)				
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(Address)				
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(City/State/Zip/Phone #)				
(City/State/2/p/Pnone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Certified Copies				
Special Instructions to Filing Officer:				





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04/24/06--01062--002 \*\*1000.00

306-212



## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Levy R + H Limited Partnership (Name of Foreign Limited Partnership)				
The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:				
Michael Perlberg (Contact Person)				
Levy Restaurants (Firm/Company)				
Levy Restaurants (Firm/Company)  980 N. Michigan Avenue, Suite 400 (Address)				
Chicago, 12 60611 (City, State and Zip Code)  W06-2092				
For further information concerning this matter, please call:				
Michael Perlberg at (312) 335 - 5040 (Name of Contact Person) (Area Code and Daytime Telephone Number)				
Enclosed is a check for the following amount:				
✓\$1,000.00 Filing Fees ☐\$1,008.75 Filing Fees ☐\$1,052.50 Filing Fees ☐\$1,061.25 Filing Fee, (\$965 Filing Fee and \$35 Registered Agent Fee) ☐\$1,008.75 Filing Fees ☐\$1,052.50 Filing Fees ☐\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status				
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314				



May 2, 2006

MICHAEL PERLBERG LEVY RESTAURANTS 980 N. MICHIGAN AVENUE, SUITE 400 CHICAGO, IL 60611

SUBJECT: LEVY R & H LIMITED PARTNERSHIP

Ref. Number: W06000020521

We have received your document for LEVY R & H LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide your principal office address in section 7, and your mailing address in section 9.

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 (850) 245-6958.

Letter Number: 906A00031073

Lee Rivers
Document Specialist

## APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

Levy R+ H Limited Partnership
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.
(If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.)
2. Illinois 3. June 15, 2000 (State or Country of Formation) (Date of Formation)
(State or Country of Formation) (Date of Formation)
4. CT Corporation System (Name of Registered Agent for Service of Process)
5. 1200 South Pine Island Road (Florida street address for Registered Agent)
(Florida street address for Registered Agent)
Plantation, FL 33324
6. 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 relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.
James M. Halpin Signature of Registered Appellstant Secretary
· · · · · · · · · · · · · · · · · · ·
7. 980 North Michigan Avenue, Stute 400 (Principal office address)
Chicago, Illinois 60611
8. If limited partnership is a limited liability limited partnership, check box

	9. 980 North Michiga (Mallin	n Avenue, Suite 400 g address) 60611		
	chicago, Illinois	60611		
,	10. Name, principal office address, and mailing address of each general partner:			
Pir	Levy GP Corporation (Name)	980 N. Michigan Avenue, Chicago, Il 60611	Suite	400
		(Mailing Address)		
	(Name)	(Street Address)		
		(Mailing Address)		
	(Name)	(Street Address)		
		(Mailing Address)		
	(Name)	(Street Address)		
		(Mailing Address)		

Page 2 of 3

(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
11. Effective date, if other than the date of i	filing:
(Effective date cannot be prior to no filed by the Florida Department of S	or more than 90 days after the date this document is state.)
to the delivery of this application to	ence duly authenticated, not more than 90 days prior the Florida Department of State, by the Secretary of y of the entity's records in the jurisdiction under the
Signed this 31 st day of	of March ,20 06.
Signature of a general partner:  MMU 1. Num	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

LEVY R & H LIMITED PARTNERSHIP, HAVING COMPLIED WITH THE PROVISIONS OF THE REVISED UNIFORM/ UNIFORM LIMITED PARTNERSHIP ACT OF THE ILLINOIS STATE STATUTES ON 06/27/2000 IS AUTHORIZED AND EXISTS AS AN ILLINOIS LIMITED PARTNERSHIP.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

APRIL

A.D.

2006

Desse White