

B110000000230 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

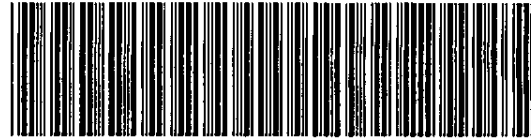
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/24/11--01033--010 **1000.00

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11 NOV 21 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
NOV 22 2011
EXAMINER

Paul Foreman

Writer's Direct Line
312-855-4601

Writer's E-mail
pforeman@chuhak.com

November 16, 2011

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: DiVito Enterprises Limited Partnership

Dear Sir or Madam:

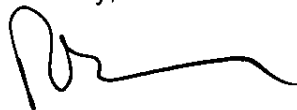
Enclosed please find the following documents:

1. Application by Foreign Limited Partnership to Transact Business In Florida, in duplicate, for the above-referenced limited partnership;
2. Letter from FL Dept. of State dated October 25, 2011; and
3. A receipt for the Reinstatement filing of Reliance Enterprises of South Florida, Inc., the general partner of DiVito Enterprises Limited Partnership.

Please proceed with the filing of the Application by Foreign Limited Partnership to Transact Business In Florida, as appropriate. You should have the Illinois Certificate of Good Standing dated October 19, 2011 and a check in the amount of \$1,000.00 in payment of the filing fee, as these items were not returned to me. Once the filing has been completed, please return a date-stamped copy to my attention in the enclosed envelope.

Should you have any questions regarding this matter, please call me directly at 312-855-4601.

Sincerely,



Paul Foreman, Corporate Paralegal

PF
Enclosures
cc: Timothy J. Edmier

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DiVito Enterprises Limited Partnership
Name of Foreign Limited Partnership or Limited Liability 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:

Paul Foreman

Contact Person

Chuhak & Tecson, P.C.

Firm/Company

30 S. Wacker Drive, Suite 2600

Address

Chicago, Illinois 60606

City, State and Zip Code

pforeman@chuhak.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Foreman at (312) 855-4601

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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

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11 NOV 21 AM 11:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. DiVito Enterprises 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

State or Country of Formation

3. 4/10/2007

Date of Formation

4. Name of Registered Agent for Service of Process and Florida Street Address:

Blake M. Harmon

4701 N. Federal Highway, Suite 480

Pompano Beach, FL 33064

5. 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 and accept the obligations of my position as registered agent.


Signature of Registered Agent

7. Principle Office: (Florida Street Address)

111 N. Pompano Beach Blvd., PH-4

Pompano Beach, FL 33062

8. Mailing Address:

360 S. Green Bay Road

Lake Forest, Illinois 60045

9. If limited partnership is a limited liability limited partnership, check box ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: RELiance ENTERPRISES OF SOUTH FLORIDA, INC.

Name of General Partner: P10000045931

Street Address: 111 N. Pompano Beach Blvd., PH-4

Street Address: _____

Pompano Beach, FL 33062

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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TALLAHASSEE, FLORIDA
STATE

Name of General Partner: _____ Name of General Partner: _____

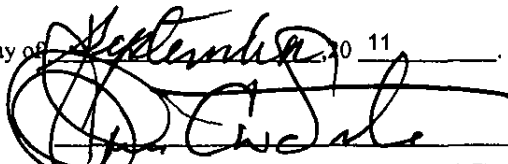
Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 29 day of September, 2011.



Eugene C. DiVito, President of Reliance Enterprises of South Florida, Inc., General Partner

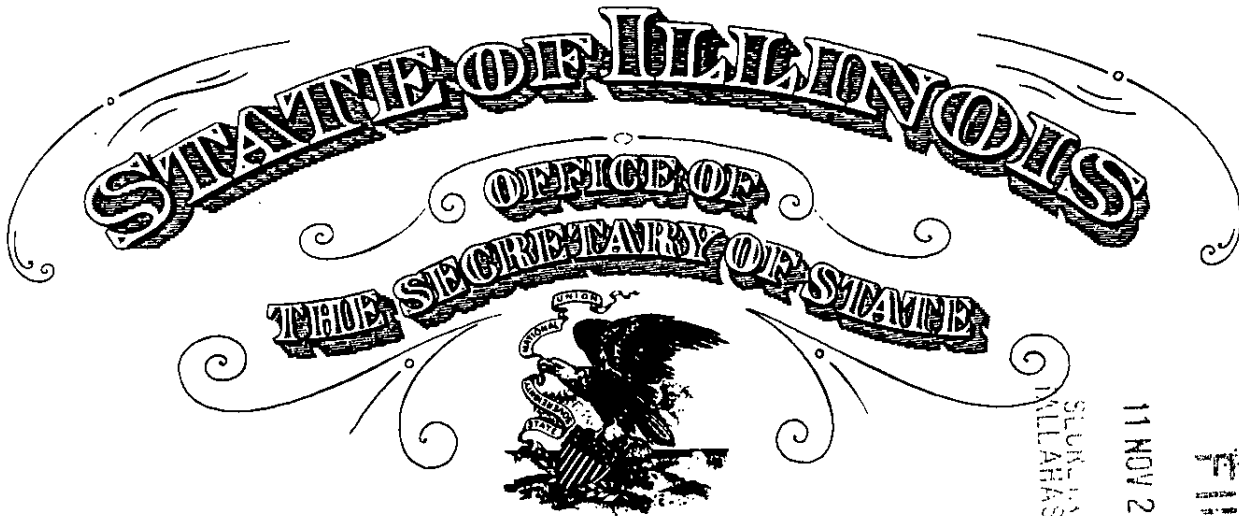
The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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11 NOV 21 AM 11:29
STATE
TALLAHASSEE, FLORIDA

File Number

C022441



To all to whom these Presents Shall Come, Greeting:

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

DIVITO ENTERPRISES LIMITED PARTNERSHIP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON APRIL 10, 2007, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH day of OCTOBER A.D. 2011 .

Jesse White

Authentication #: 1129201974

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2011

PAUL FOREMAN
30 S. WACKER DRIVE
SUITE 2600
CHICAGO, IL 60606

SUBJECT: DIVITO ENTERPRISES LIMITED PARTNERSHIP
Ref. Number: W11000054666

We have received your document for DIVITO ENTERPRISES 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):

Any partner or agent of a partnership that is a legal or other commercial entity, and not an individual, must be organized or otherwise registered and maintain an active status with the Florida Department of State. It cannot be dissolved, revoked, canceled or withdrawn.

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 311A00024388