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(Address)

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(Business Entity Name)

(Document Number)

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J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LEVIN FAMILY PARTNERSHIP, L.P.

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:

GARY L. LIEBERMAN, ESQ.

Contact Person

LIEBERMAN, DVORIN & DOWD, LLC

Firm/Company

30195 CHAGRIN BLVD., STE 300

Address

PEPPER PIKE, OHIO 44124

City, State and Zip Code

GARY@LDDLEGAL.COM

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

For further information concerning this matter, please call:

GARY L. LIEBERMAN

at (216) 292-7776

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☐ \$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

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

1. LEVIN FAMILY PARTNERSHIP, L.P.

(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.

RL OHIO INVESTMENTS, L.P.

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. PENNSYLVANIA

3. 09/23/1998

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number: 25-1819418

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

INCORP SERVICES, INC.

17888 67TH COURT NORTH

LOXAHATCHEE, FL 33470

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 and accept the obligations of my position as registered agent.

SEE ATTACHED

Signature of Registered Agent

7. Principal Office:

30195 CHAGRIN BLVD., STE 300

PEPPER PIKE, OH 44124

8. Mailing Address:

P.O. BOX 711

MT. PLEASANT, PA 15666

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: Levin Real Estate Management Co.

Name of General Partner: F1800001011

Street Address: 30195 Chagrin Blvd., Ste 300

Street Address:

Pepper Pike, Ohio 44124

Mailing Address: P.O. Box 711

Mailing Address:

Mt. Pleasant, PA 15666

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

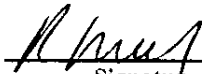
11. Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 15<sup>TH</sup> day of FEBRUARY, 20 18



Signature of a general partner

The individual signing this document affirms 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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2018 FEB 28 PM 2:29  
STATE OF FLORIDA  
DEPARTMENT OF STATE



3773 Howard Hughes Parkway  
Suite 500S  
Las Vegas, NV 89169

Phone 702.866.2500  
Toll-Free 800.2.INCORP (1-800-246-2677)  
Fax 702.866.2689

[www.incorp.com](http://www.incorp.com)

January 29, 2018

**Corporations Division**

Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

To Whom It May Concern:

InCorp Services, Inc., an authorized Corporate Registered Agent in Florida, whose office is located at 17888 67<sup>th</sup> Court North, Loxahatchee, FL 33470, herein consents to act as Registered Agent for **LEVIN FAMILY PARTNERSHIP, L.P.** for purposes and services only related to the Florida Department of State.

If you have any questions, please contact me at (800) 246-2677 from 8:00 a.m. to 5:00 p.m. PST.

Sincerely,

InCorp Services, Inc.

A handwritten signature in cursive script, appearing to read "Karen Gibson".

Karen Gibson, Processor on behalf of InCorp Services, Inc.

FILED  
2018 FEB 28 PM 2:29  
TALLAHASSEE, FL  
CLERK OF THE COURT

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

01/26/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

LEVIN FAMILY PARTNERSHIP, L.P.

is duly registered as a Pennsylvania Limited Partnership under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, the day and year above written

*Robert Lanes*

Acting Secretary of the Commonwealth

Certification Number: TSC180126090310-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>