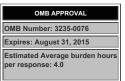
## FORM D

Notice of Exempt Offering of Securities

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C.



1. Issuer's Identity			
CIK (Filer ID Number)	Previous Name(s)	None None	Entity Type
0001106838	TULVINE SYSTE	MS INC	Corporation
Name of Issuer	-		C Limited Partnership
Chanticleer Holdings, Inc.			C Limited Liability Company
Jurisdiction of Incorporation/Organization	_		C General Partnership
DELAWARE			C Business Trust
Year of Incorporation/Organizati	on		O Other
<ul> <li>Over Five Years Ago</li> </ul>			
© Within Last Five Years (Specify Year)			

- Yet to Be Formed
- 2. Principal Place of Business and Contact Information

Name of Issuer				
Chanticleer Holdings, Inc.				
Street Address 1		Stre	et Address 2	
7621 LITTLE AVENUE, SUIT	E 414			
City	State/Province/Count	ry	ZIP/Postal Code	Phone No. of Issuer
CHARLOTTE	NORTH CAROLIN	IA	28226	704-366-5122

# 3. Related Persons

Last Name		First Name		Middle Name
Pruitt		Michael		
Street Address 1			Street Address 2	
7621 LITTLE AVENUE	E, SUITE 4	414		
City		State/Province/Cour	itry	ZIP/Postal Code
CHARLOTTE		NORTH CAROLI	NA	28226
Relationship:	Z Execut	ive Officer	Director	Promoter
Clarification of Response (ii	f Necessary	)		
Last Name		First Name		Middle Name
Lederer		Eric		
Street Address 1			Street Address 2	-
7621 LITTLE AVENUE	E, SUITE 4	414		
City		State/Province/Cour	itry	ZIP/Postal Code
CHARLOTTE		NORTH CAROLI	NA	28226
Relationship:	Z Execut	ive Officer	Director	Promoter

Clarification	of Response	(if Necessary)
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Last Name		First Name		Middle Name	
Carroll		Michael			
Street Address 1			Street Address	5.2	
7621 LITTLE AVE	ENUE, SUITE	414			
City		State/Province/	/Country	ZIP/Postal Code	
CHARLOTTE		NORTH CAL	ROLINA	28226	
Relationship:	Execut	tive Officer	Director	Prom	noter
Clarification of Respon		2)			
Ciarincation of Respo	iise (ii ivecessai y	()			
Last Name		First Name		Middle Name	
Johnson		Keith			
Street Address 1			Street Address	5.2	
7621 LITTLE AVE	NUE, SUITE	414			
City		State/Province/	/Country	ZIP/Postal Code	
CHARLOTTE		NORTH CAL	ROLINA	28226	
Relationship:	Execut	tive Officer	Director	Pron	noter
L	-		Director	Pron	noter
<u></u>	-		Director	Pron	noter
L	-		Director	Pron	noter
Clarification of Respon	-		Director	Middle Name	noter
Clarification of Respon	-	<i>i</i> )	Director		noter
Clarification of Respon Last Name Moskowitz	-	/) First Name	Street Address	Middle Name	noter
Clarification of Respon Last Name Moskowitz Street Address 1	nse (if Necessary	i) First Name		Middle Name	
Clarification of Respon Last Name Moskowitz Street Address 1 7621 LITTLE AVE	nse (if Necessary	i) First Name Paul 414	Street Address	Middle Name	
Clarification of Respon Last Name Moskowitz Street Address 1 7621 LITTLE AVE City	nse (if Necessary	i) First Name Paul 414 State/Province	Street Address	Middle Name	noter
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Clarification of Responent Last Name Moskowitz Street Address 1 7621 LITTLE AVE City CHARLOTTE Relationship:	DNUE, SUITE	<ul> <li>First Name</li> <li>Paul</li> <li>414</li> <li>State/Province.</li> <li>NORTH CAI</li> <li>tive Officer</li> </ul>	Street Address Country ROLINA	Middle Name	
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Clarification of Responent Last Name Moskowitz Street Address 1 7621 LITTLE AVE City CHARLOTTE Relationship: Clarification of Responent Last Name	DNUE, SUITE	First Name          First Name         Paul         414         State/Province         NORTH CAI         tive Officer         ()         First Name	Street Address Country ROLINA	Middle Name	
Last Name Moskowitz Street Address 1 7621 LITTLE AVE City CHARLOTTE Relationship: Clarification of Respon Last Name Page	DNUE, SUITE	<ul> <li>First Name</li> <li>Paul</li> <li>414</li> <li>State/Province,</li> <li>NORTH CAI</li> <li>tive Officer</li> </ul>	Street Address Country ROLINA Director	Middle Name ZIP/Postal Code ZIP/Postal Code Pron Middle Name	
Last Name Moskowitz Street Address 1 7621 LITTLE AVE City CHARLOTTE Relationship: Clarification of Respon Last Name Page Street Address 1	Inse (if Necessary	<ul> <li>First Name</li> <li>Paul</li> <li>414</li> <li>State/Province,</li> <li>NORTH CAI</li> <li>NORTH CAI</li> <li>tive Officer</li> <li>First Name</li> <li>Russell</li> </ul>	Street Address Country ROLINA	Middle Name ZIP/Postal Code ZIP/Postal Code Pron Middle Name	
Clarification of Responent Last Name Moskowitz Street Address 1 7621 LITTLE AVE City CHARLOTTE Relationship: Clarification of Responent Last Name Page	Inse (if Necessary	<ul> <li>First Name</li> <li>Paul</li> <li>414</li> <li>State/Province,</li> <li>NORTH CAI</li> <li>NORTH CAI</li> <li>tive Officer</li> <li>First Name</li> <li>Russell</li> </ul>	Street Address Country ROLINA Director	Middle Name ZIP/Postal Code ZIP/Postal Code Pron Middle Name	
Last Name Moskowitz Street Address 1 Clarification of Responent  City CHARLOTTE Relationship: Clarification of Responent Last Name Page Street Address 1 7621 LITTLE AVE	Inse (if Necessary	<ul> <li>First Name</li> <li>Paul</li> <li>414</li> <li>State/Province,</li> <li>NORTH CAI</li> <li>NORTH CAI</li> <li>tive Officer</li> <li>First Name</li> <li>Russell</li> </ul>	Street Address Country ROLINA Director Street Address	Middle Name ZIP/Postal Code ZIP/Postal Code Pron Middle Name	
Last Name  Last Name  Moskowitz  Street Address 1  City  CHARLOTTE  Relationship:  Clarification of Respon  Last Name  Page  Street Address 1	Inse (if Necessary	() First Name Paul 414 State/Province/ INORTH CAN tive Officer () First Name Russell 414	Street Address Country Country Director Street Address Street Address Country	Middle Name 2 ZIP/Postal Code 28226 Pron Middle Name 3 2	
Clarification of Responent Last Name Moskowitz Street Address 1 7621 LITTLE AVE City CHARLOTTE Clarification of Responent Last Name Page Street Address 1 7621 LITTLE AVE City	ENUE, SUITE	<ul> <li>First Name</li> <li>Paul</li> <li>414</li> <li>State/Province.</li> <li>()</li> <li>First Name</li> <li>Russell</li> <li>414</li> </ul>	Street Address Country Country Director Street Address Street Address Country	Middle Name : 2 ZIP/Postal Code [28226 Middle Name : 2 ZIP/Postal Code [28226	

#### C Agriculture

#### **Banking & Financial Services**

- C Commercial Banking
- C Insurance
- C Investing
- C Investment Banking

C Pooled Investment Fund

Other Banking & Financial C Services

#### C Business Services

#### Energy

- C Coal Mining
- C Electric Utilities
- C Energy Conservation C Environmental Services
- C Oil & Gas
- C Other Energy

## C Retailing

- Restaurants
  - Technology
- C Computers
  - **C** Telecommunications
  - C Other Technology

#### Travel

- C Airlines & Airports
- C Lodging & Conventions
- O Tourism & Travel Services
- O Other Travel
- C Other

## 5. Issuer Size

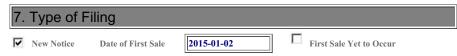
#### **Revenue Range**

- C No Revenues
- C \$1 - \$1,000,000
- C \$1,000,001 - \$5,000,000
- C \$5,000,001 - \$25,000,000
- C \$25,000,001 - \$100,000,000
- C Over \$100,000,000
- $\odot$ Decline to Disclose
- C Not Applicable

- et Value Range
- 0 No Aggregate Net Asset Value
  - \$1 \$5,000,000
- C \$5,000,001 - \$25,000,000
- 0 \$25,000,001 - \$50,000,000
- C \$50,000,001 - \$100,000,000
- C Over \$100,000,000
- C Decline to Disclose
- C Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)				
Rule 504(b)(1) (not (i), (ii) or (iii))	□ Rule 505			
Rule 504 (b)(1)(i)	Rule 506(b)			
Rule 504 (b)(1)(ii)	Rule 506(c)			

Rule 504 (b)(1)(ii)	Rule 506(c)
Rule 504 (b)(1)(iii)	Securities Act Section 4(a)(5)
	Investment Company Act Section 3(c)



Amendment

## 8. Duration of Offering

Does the Issuer intend this offering to last more than one year?

C Yes O No

# 9. Type(s) of Securities Offered (select all that apply)

Pooled Investment Fund Equity Γ Interests

Tenant-in-Common Securities Debt

	Aggregate Net Asse

0

Health Care

C

0

0

0

C Manufacturing

Real Estate

0

0

C

C Commercial

Construction

Residential C Other Real Estate

**REITS & Finance** 

C Biotechnology

Health Insurance

Pharmaceuticals

Other Health Care

Hospitals & Physicians

Mineral Property Securities	•	Option, Warrant or Other Right to Acquire Another Security
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Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security Other Right to Acquire

10. Business Combination Transa	ction
Is this offering being made in connection with a business of transaction, such as a merger, acquisition or exchange offerences of the second s	
Clarification of Response (if Necessary)	
11. Minimum Investment	
Minimum investment accepted from any outside \$	5000 USD
12. Sales Compensation	
Recipient	Recipient CRD Number
Source Capital Group	36719
(Associated) Broker or Dealer 🔽 None	(Associated) Broker or Dealer CRD 🔽 None
Street Address 1	Street Address 2
276 POST ROAD WEST	
City Stat	e/Province/Country ZIP/Postal Code
WESTPORT	DNNECTICUT 06880
State(s) of Solicitation 🔽 All States 🔲 Fo	reign/Non-US

# 13. Offering and Sales Amounts

Total O	ffering Amount	\$ 1150000 USD  [ Indefinite	
Total A	mount Sold	\$ 1150000 USD	
Total R Sold	emaining to be	\$ 0 USD 🗖 Indefinite	
	ation of Respons	e (if Necessary)	
14. I	nvestors		
ব	do not qualify	ties in the offering have been or may be sold to persons who as accredited investors, h non-accredited investors who already have invested in the	
	to persons who	whether securities in the offering have been or may be sold       12         o not qualify as accredited investors, enter the total       12         estors who already have invested in the offering:       12	
15. 3	Sales Com	missions & Finders' Fees Expenses	

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions	\$ <b>9000</b>	USD	Estimate
Finders' Fees	\$	USD	Estimate
Clarification of Response (if Necessa	ry)		

## 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

	\$ 0	USD	Estimate
Clarification of Response (if Necessary)			

## Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

#### Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, the information furnished to offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date	
Chanticleer Holdings, Inc.	/s/ Michael D. Pruitt	Michael D. Pruitt	Chief Executive Officer	2015-01-16	