

A13000000347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

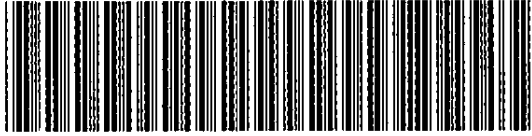
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000249088080

06/24/13--01048--011 **1000.00

FILED
13 JUN 24 AM 11: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUN 27 2013
EXAMINER

KOEPPPEL LAW GROUP, P.A.

THE REFLECTIONS BUILDING, SUITE 300

400 SOUTH AUSTRALIAN AVENUE

WEST PALM BEACH, FLORIDA 33401

JOEL P. KOEPPPEL, ESQ.
MEMBER FL & NY BARS

TELEPHONE (561) 659-6455
TELECOPIER (561) 659-7006
Joel@KoeppelLawGroup.com

June 21, 2013

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Buongustai, Inc.
Buongustai Ltd.

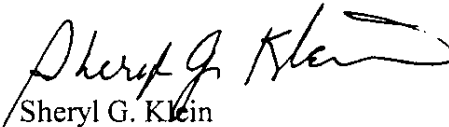
Ladies and Gentlemen:

Enclosed please find the following documents for recording. Please be sure to record them in the order listed below:

1. Buongustai, Inc. - Articles of Incorporation together with Koeppel Law Group, P.A. trust account check no. 2065 made payable to the Florida Department of State in the amount of \$70.00; and
2. Buongustai Ltd. - Certificate of Limited Partnership together with Koeppel Law Group, P.A. trust account check no. 2064 made payable to the Florida Department of State in the amount of \$1,000.00.

Thanking you in advance, I remain

Very truly yours,


Sheryl G. Klein
Paralegal

enc.

FILED

JUN 24 AM 11: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP¹³
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. BUONGUSTAI LTD.

(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.*

2. 205 Southern Boulevard

(Street address of initial designated office)

West Palm Beach, FL 33405

3. JOEL P. KOEPPPEL

(Name of Registered Agent for Service of Process)

4. 400 S. Australian Avenue, Suite 300

(Florida street address for Registered Agent)

West Palm Beach, FL 33401

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

6. 205 Southern Boulevard

(Mailing address of initial designated office)

West Palm Beach, FL 33405

7. If limited partnership elects to be a limited liability limited partnership, check box

FILED

8. Name and business address of each general partner:

Name:

Business Address:

13 JUN 24 AM 11: 24

Buongustai, Inc.

205 Southern Boulevard

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D13000054517

West Palm Beach, FL 33405


9. Effective date, if other than the date of filing: _____.

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

Signed this _____ day of _____, 2013.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any 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.

Buongustai, Inc., a Florida corp

By:  Francesco Bianco, Pres.

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