

AD6000001245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

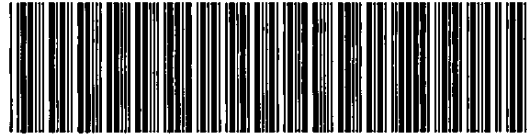
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*SBM*

Office Use Only



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09/28/06--01022--019 \*\*1008.75

*key-42955*

**FILED**  
06 OCT 27 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 29, 2006

ELISABETH A KOENIG  
1201 WEST PEACHTREE STREET STE 3000  
ATLANTA, GA 30309-3455

SUBJECT: BO BO'S NIGHT JOB, L.P.  
Ref. Number: W06000042955

We have received your document for BO BO'S NIGHT JOB, L.P. and your check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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) 245-6851.

Gina McLeod  
Document Specialist

Letter Number: 006A00058128

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bo Bo's Night Job, L.P.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Elisabeth A. Koenig

(Contact Person)

Carlton Fields, P.A.

(Firm/Company)

1201 West Peachtree Street, Suite 3000

(Address)

Atlanta, GA 30309-3455

(City, State and Zip Code)

For further information concerning this matter, please call:

Elisabeth A. Koenig at ( 404 ) 815-2718

(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 Fees,  
(\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and  
\$35 Registered Agent Status Certificate of Status  
Fee)

**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

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

1. Bo Bo's Night Job, 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.P. or L.L.P.

2. 1311 Soundview Trail

(Street address of initial designated office)

Gulf Breeze, Florida 32561

3. Joseph J. Campus

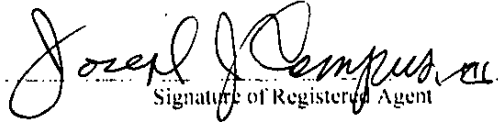
(Name of Registered Agent for Service of Process)

4. 1311 Soundview Trail

(Florida street address for Registered Agent)

Gulf Breeze, Florida 32561

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. 1311 Soundview Trail

(Mailing address of initial designated office)

Gulf Breeze, Florida 32561

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

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TALLAHASSEE, FLORIDA

06 OCT 27 AM 9:50

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8. Name and business address of each general partner:

Name:

Business Address:

Joe Campus, LLC

1311 Soundview Trail

Gulf Breeze, Florida 32561

LD-95733

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 20<sup>th</sup> day of September, 2006.

Signature of each general partner:

Joseph J. Campus, LLC

Joe Campus, LLC  
by Joseph J. Campus, Sole Member

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)

**\$52.50**

**\$8.75**

**Page 2 of 2**