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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LP/LLLP
ORLANDO TACO LTD.**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$1,061.25

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Electronic Filing Menu

Corporate Filing Menu

Help **J. BRYAN**

SEP 22 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orlando Taco Ltd.

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:

Todd Herbst

Contact Person

Big Time Restaurant Group, Corp.

Firm/Company

400 Clematis Street, Suite 209

Address

West Palm Beach, FL 33401

City, State and Zip Code

Barbara@bigtimerestaurants.com

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

For further information concerning this matter, please call:

Barbara Dillon at (561) 659-1940

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input 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 checked="" type="checkbox"/> \$1,061.25 Filing Fees,
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

CR2E030 (01/06)

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TALLAHASSEE, FLORIDA

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

1. Orlando Taco 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.P.,
or L.L.P.

2. 400 Clematis Street, Suite 209

(Street address of initial designated office)

West Palm Beach, FL 33401

3. Todd Herbst

(Name of Registered Agent for Service of Process)

4. 400 Clematis Street, Suite 209

(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. 400 Clematis Street, Suite 209

(Mailing address of initial designated office)

West Palm Beach, FL 33401

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

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8. Name and business address of each general partner:

Name:

Business Address:

Orlando Taco, LLC

400 Clematis Street, Suite 209

#L11000107645

West Palm Beach, FL 33401

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TALLAHASSEE, FLORIDA

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 16th day of September, 2011

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.817.165, 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

Page 2 of 2