

A13000000271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

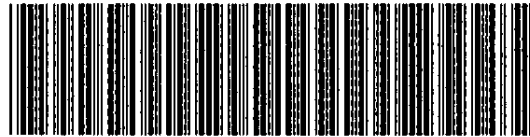
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

B. BOSTICK

MAY 22 2013

EXAMINER

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

**KOEPPPEL LAW GROUP, P.A.**

THE REFLECTIONS BUILDING, SUITE 300  
400 SOUTH AUSTRALIAN AVENUE  
WEST PALM BEACH, FLORIDA 33401

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

May 15, 2013

VIA FEDERAL EXPRESS

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

RE: Brooklyn Taco, Ltd.  
Brooklyn Taco, LLC  
Kasle Brooklyn, LLC

Ladies and Gentlemen:


Enclosed please find the following documents for filing:

1. Certificate of Limited Partnership for Brooklyn Taco, Ltd - together with Koepppel Law Group, P.A. trust account check no. 2053 made payable to the Florida Department of State in the amount of \$1,000.00;
2. Articles of Organization for Brooklyn Taco, LLC - together with Koepppel Law Group, P.A. trust account check no. 2052 made payable to the Florida Department of State in the amount of \$125.00; and
3. Articles of Organization for Kasle Brooklyn, LLC - together with Koepppel Law Group, P.A. trust account check no. 2051 made payable to the Florida Department of State in the amount of \$125.00.

Please fax confirmation of the acceptance of these entities to 561-659-7006.

Thanking you in advance, I remain

Very truly yours,

  
Sheryl G. Klein  
Paralegal

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TALLAHASSEE, FLORIDA

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

1. BROOKLYN 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.L.P.  
or LLLP.*

2. 400 CLEMATIS STREET, SUITE 209

(Street address of initial designated office)

WEST PALM BEACH, FL 33401

3. JOEL P. KOEPPPEL, ESQ.

(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. 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:

BROOKLYN TACO, LLC

400 CLEMATIS STREET, SUITE 209

WEST PALM BEACH, FL 33401

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TALLAHASSEE, FLORIDA

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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 14<sup>TH</sup> day of MAY, 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.

Brooklyn Taco, LLC

By: R M

Rocco Mangel, Manager

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**