

No. 6. 2013 10:11AM KOEPPPEL LAW GROUP No. 91 P. 1
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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : KOEPPPEL LAW GROUP, P.A.
Account Number : I20070000064
Phone : (561) 659-6455
Fax Number : (561) 659-7006

FILED
13 NOV - 6 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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13 NOV - 6 AM 8:30
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TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LP/LLLP
DELRAY TACO, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,000.00

NOV - 7 2013

T. BROWN

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

FILED
13 NOV - 6 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DELRAY 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 309, West Palm Beach, FL 33401

(Street address of initial designated office)

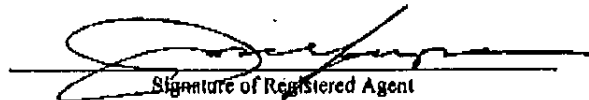
3. Joel P. Koepfel

(Name of Registered Agent for Service of Process)

4. 400 S. Australian Avenue #300, West Palm Beach, FL 33401

(Florida street address for Registered Agent)

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, West Palm Beach, FL 33401

(Mailing address of initial designated office)

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:

Delray Taco, LLC

400 Clematis Street, Suite 309

West Palm Beach, FL 33401

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 5th day of November, 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.817.135, F.S.

Delray Taco, LLC

By: [Signature]
TODD HENST, MEMBER

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

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