

B11000000/38

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

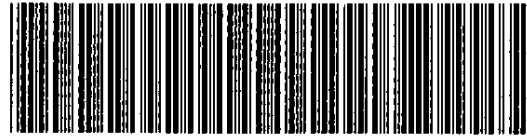
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUL 12 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOUNGANI CAPITAL GROUP II, L.P.

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

MICHAEL LAPAT

Contact Person

LAW OFFICES OF MICHAEL LAPAT

Firm/Company

3300 N UNIVERSITY DRIVE SUITE 311

Address

CORAL SPRINGS FL 33065

City, State and Zip Code

julieh@turnkeyhedgefunds.com

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

For further information concerning this matter, please call:

JULIE HANCOCK

at (**954**) **345-6442**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

☐ \$1,008.75 Filing Fees
and Certificate of
Status

☒ \$1,052.50 Filing Fees
and Certified Copy

☐ \$1,061.25 Filing Fee,
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

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

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1. LOUNGANI CAPITAL GROUP II, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include 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.)

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TALLAHASSEE, FLORIDA

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. DELAWARE

State or Country of Formation

3. 06-28-2011

Date of Formation

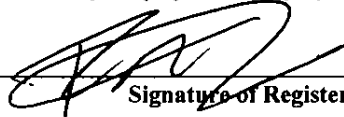
4. Name of Registered Agent for Service of Process and Florida Street Address:

ROSHAN A. LOUNGANI

19201 COLLINS AVE #1106

SUNNY ISLES BEACH FL 33160

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

7. Principle Office: (Florida Street Address)

LOUNGANI CAPITAL GROUP II, L.P.

3300 UNIVERSITY DRIVE, SUITE 311

CORAL SPRINGS FL 33065

8. Mailing Address:

LOUNGANI CAPITAL GROUP II, L.P.

3300 UNIVERSITY DRIVE, SUITE 311

CORAL SPRINGS FL 33065

9. If limited partnership is a limited liability limited partnership, check box ☐

10. Name, principal office address, and mailing address of each general partner:

LOUNGANI CAPITAL

Name of General Partner: MANAGEMENT, LLC

Name of General Partner:

Street Address: 3300 UNIVERSITY DRIVE, SUITE 311

Street Address:

CORAL SPRINGS FL 33065

Mailing Address: 3300 UNIVERSITY DRIVE, SUITE 311

Mailing Address:

CORAL SPRINGS FL 33065

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

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

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

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 30 day of JUNE, 20 11.


Signature of a general partner

ROSHAN LOUNGANI, MANAGER
LOUNGANI CAPITAL
MANAGEMENT, LLC

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

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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TALLAHASSEE, FLORIDA

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LOUNGANI CAPITAL GROUP II, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JUNE, A.D. 2011.

5003579 8300

110776947




Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 8872388

DATE: 06-29-11