

A060000000343

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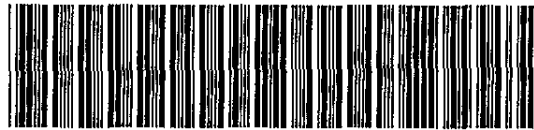
- Name OK

- Need address of gen. partners

- GP's must sign

FL LP

Office Use Only



600065903966

02/15/06--01056--010 **1000.00

APPROVED
AND
FILED

06 MAR -7 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~with 8838~~

35

2/11/06

Ward Liebi
PO Box 770756
Winter Garden, FL 34777

Florida Department of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, FL 32314

Enclosed please find the filing forms and checks for the following:

ACI Property Management, Inc.	\$ 78.75
Ward A. and Donna S. Liebi Family Limited Partnership	\$1,000.00
David J. Mahn and Lynne L. Mahn Limited Family Partnership	\$1,000.00
11624 Limited Partnership	\$1,000.00
120 Limited Partnership	\$1,000.00
WGO Limited Partnership	\$1,000.00

Thank You!



Ward Liebi

PRIORITY MAIL, SIGNATURE CONFIRMATION
2300 2730 0000 1742 5062



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

WARD LIEBI
P.O. BOX 770756
WINTER GARDEN, FL 34777

SUBJECT: WARD A. AND DONNA S. LIEBI FAMILY LIMITED PARTNERSHIP
Ref. Number: W06000008838

We have received your document for WARD A. AND DONNA S. LIEBI FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 620.108, Florida Statutes, requires the certificate include the names and street addresses of the general partners.

Section 620.114, Florida Statutes, requires the original certificate of limited partnership, an affidavit, a certificate of cancellation, or supplemental affidavit to be signed by all of the general partners.

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) 245-6853.

Leslie Sellers
Document Specialist

Letter Number: 006A00012570

**CERTIFICATE OF LIMITED PARTNERSHIP OF
Ward A. and Donna S. Liebi Family Limited
Partnership**

The undersigned, desiring to organize and establish a limited partnership company pursuant to the laws of the State of Florida, does execute this Certificate of Limited Partnership this 20 day of February, 2006.

**ARTICLE I
NAME**

The name of the limited partnership is Ward A. and Donna S. Liebi Family Limited Partnership.

**ARTICLE II
DURATION**

The period of duration for this limited partnership is 25 years from the date of filing the Certificate of Limited Partnership with the appropriate state filing office, unless extended and/or sooner dissolved by the members or as provided by state law.

**ARTICLE III
PURPOSE**

The purpose for which this limited partnership is organized is to organize and to otherwise perform any lawful purpose related thereto.

**ARTICLE IV
GENERAL PARTNERS**

General Partners:

Ward A. Liebi, 16031 Magnolia Creek Lane, Montverde, Fl. 34756

Donna S. Liebi, 16031 Magnolia Creek Lane, Montverde, Fl. 34756

**ARTICLE V
PRINCIPAL PLACE OF BUSINESS**

The principal place of business of the limited partnership is PO Box 770756, Winter Garden, Fl. 34777

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT & OFFICE

The name of the limited partnership's registered agent, whose Consent to Appointment as Registered Agent is included with these Articles, is Donna S. Liebi and the address of the registered office and principal place of business within the State of Florida is 16031 Magnolia Creek Lane, Montverde, FL 34756.

ARTICLE VII LIMITED PARTNERS

Limited Partners:

Address:

Ward A. Liebi Revocable Living Trust
770756, Winter Garden, FL 34777

PO Box

Donna S. Liebi Revocable Living Trust
770756, Winter Garden, FL 34756

PO Box

ARTICLE VIII ADMISSION OF ADDITIONAL PARTNERS

Additional partners may be admitted to this limited partnership only with and upon such terms as are set forth in the Limited Partnership Agreement.

ARTICLE IX CONTINUATION

The remaining members of this limited partnership may, by unanimous vote, exercise the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a partner or occurrence of any other event, which terminates the continued membership of a partner in this limited partnership.

ARTICLE X MANAGEMENT

The business of the limited partnership shall be conducted under the exclusive management of its general partner(s) who shall have exclusive authority to act for the limited partnership in all matters. Partners cannot enter into a Business Dissolution Consent Agreement, except upon compliance with and satisfaction of any laws, statutes, regulations, and rules of the State of Florida and the Limited Partnership Agreement.

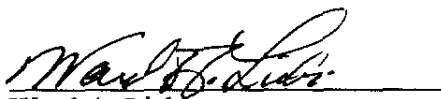
ARTICLE XI ORGANIZER

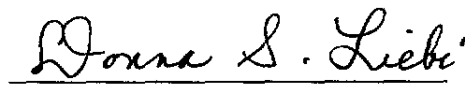
The name and address of the organizer of this Limited Partnership are:
Ward A. Liebi, 16031 Magnolia Creek Lane, Montverde, Fl. 34756

IN WITNESS WHEREOF, the Organizer has caused this Certificate of Limited Partnership to be executed this 20 day of February, 2006.


Signature of Organizer

General Partners


Ward A. Liebi


Donna S. Liebi

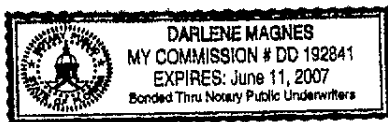
**ACCEPTANCE OF APPOINTMENT AS
REGISTERED AGENT**

I, Donna S. Liebi, accept appointment as registered agent for and on behalf of Ward A. and Donna S. Liebi Family Limited Partnership, and affirm that I am familiar with, and shall comply with, all of the duties of a registered agent.

Donna S. Liebi
Signature of Registered Agent

Subscribed, sworn to, and executed before me this 20 day
of Feb, 2006 by Donna S. Liebi, Registered Agent of
WARD ALAN DONNA S. LIEBI FAMILY LIMITED PARTNERSHIP

D. Magnes
Notary Public



Residing At _____

My Commission Expires _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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