

A060000000344

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Name OK

Need address of general partners

GPs must sign.

FL UP

Office Use Only



500065903975

02/15/06--01056--009 \*\*1000.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAR -7 PM 4:10

APPROVED  
AND  
FILED

317

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: DAVID J. MAHN AND LYNNE L. MAHN LIMITED FAMILY  
PARTNERSHIP  
Ref. Number: W06000008835

We have received your document for DAVID J. MAHN AND LYNNE L. MAHN LIMITED FAMILY 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.

The effective day must be specific and cannot be prior to the date of filing.

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: 306A00012569

**CERTIFICATE OF LIMITED PARTNERSHIP OF  
David J. Mahn and Lynne L. Mahn 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 David J. Mahn and Lynne L. Mahn 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:

David J. Mahn, 16101 Magnolia Creek Lane, Montverde, Fl. 34756

Lynne L. Mahn, 16101 Magnolia Creek Lane, Montverde, Fl. 34756

**ARTICLE V  
PRINCIPAL PLACE OF BUSINESS**

The principal place of business of the limited partnership is 16101 Magnolia Creek Lane, Montverde, Fl. 34756

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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 Lynne L. Mahn and the address of the registered office and principal place of business within the State of Florida is 16101 Magnolia Creek Lane, Montverde, FL 34756.

## **ARTICLE VII LIMITED PARTNERS**

Limited Partners:

Address:

David J. Mahn Revocable Living Trust	16101
Magnolia Creek Lane, Montverde, FL 34756	

Lynne L. Mahn Revocable Living Trust	16101
Magnolia Creek Lane, Montverde, FL 34756	

## **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**

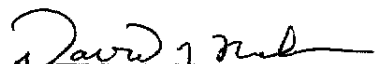
Consent Agreement, except upon compliance with and satisfaction of any laws, statutes, regulations, and rules of the State of and the Limited Partnership Agreement.

## **ARTICLE XI ORGANIZER**

The name and address of the organizer of this Limited Partnership are:  
David J. Mahn, 16101 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 Feb, 2006

  
\_\_\_\_\_  
Signature of Organizer

  
\_\_\_\_\_  
David J. Mahn -- General Partner

  
\_\_\_\_\_  
Lynne L. Mahn -- General Partner

**ACCEPTANCE OF APPOINTMENT AS  
REGISTERED AGENT**

I, Lynne L. Mahn, accept appointment as registered agent for and on behalf of David J. Mahn and Lynne L. Mahn Limited Family Partnership, and affirm that I am familiar with, and shall comply with, all of the duties of a registered agent.

Lynne L. Mahn, F.L.C.  
Signature of Registered Agent

Subscribed, sworn to, and executed before me this 28th day  
of Feb, 2006 by \_\_\_\_\_ Registered Agent of  
\_\_\_\_\_

Peggy York  
Notary Public

1650 E. Hwy 50  
Residing At Clermont, Fl. 34711



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TALLAHASSEE, FLORIDA

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