

A060000000496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

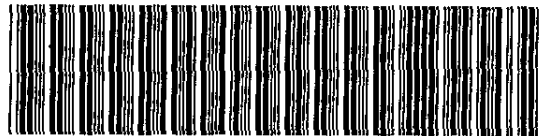
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Need address of general partner  
Name OK  
Sig. of general partner required

FL LP

Office Use Only



000065904000

02/15/06 -- 01:55:00E \*\*1000.00

SECRET  
TALLAHASSEE, FLORIDA

06 APR 10 PM 12:41

APPROVED  
FILED

4/11

4/11 - Name OK  
per (NOC)

3/7

Call - need different name  
no phone #

Name unavailable

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

March 7, 2006

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

SUBJECT: WGO LIMITED PARTNERSHIP  
Ref. Number: 000065904000

We have received your document for WGO 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):

Please accept our apology for failing to mention this in our previous letter.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

There is an active corporation by the name of W.G.O., INC. (document number 690418).

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: 006A00015882

**CERTIFICATE OF LIMITED  
PARTNERSHIP OF  
Wincoe Limited Partnership**

The undersigned, desiring to organize and establish a limited partnership company pursuant to the laws of the State of , does execute this Certificate of Limited Partnership this 7<sup>th</sup> day of April, 2006.

**ARTICLE I  
NAME**

The name of the limited partnership is Wincoe 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 and to otherwise perform any lawful purpose related thereto.

**ARTICLE IV  
GENERAL PARTNERS**

**General Partners:**

ACI Property Management, Inc.

16031 Magnolia Creek Lane, Montverde, Fl. 34756

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

## **ARTICLE V PRINCIPAL PLACE OF BUSINESS**

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

## **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 and the address of the registered office and principal place of business within the State of is 16031 Magnolia Creek Lane, Montverde, FL 34756.

## **ARTICLE VII LIMITED PARTNERS**

Limited Partners:

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

Donna S. Liebi Revocable Living Trust  
PO Box 770756, Winter Garden, FL 34777

David J. Mahn Revocable Living Trust  
PO Box 770756, Winter Garden, FL 34777

Lynne L. Mahn Revocable Living Trust  
PO Box 770756, Winter Garden, FL 34777

## **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.

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TALAHASSEE, FLORIDA

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AND  
FILED

## **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.

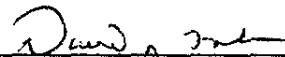
## **ARTICLE X MANAGEMENT**

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 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 5th day of APRIL, 2006.

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 APR 10 PM 12:41

APPROVED  
AND  
FILED

**ACCEPTANCE OF APPOINTMENT AS  
REGISTERED AGENT**

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

Ward A. Liebi  
Signature of Registered Agent

Subscribed, sworn to, and executed before me this 5 day  
of April, 2006 by Ward Liebi, Registered Agent of **Wincoe  
Limited Partnership.**



Byron Faudle  
My Commission DD175228  
Expires February 01, 2007

Byron Faudle  
Notary Public

1650 E Hwy 50 Clearwater, FL  
Residing At

2/1/2007  
My Commission Expires

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 APR 10 PM 12:41

APPROVED  
AND  
FILED