

~~W. G. Gibson~~ FEB - 2, 2010

# IVAN, COLE & BONNETTE

ATTORNEYS AT LAW

Michael J. Ivan, Jr. <sup>†\*</sup>  
John P. Cole <sup>°</sup>  
Harris L. Bonnette, Jr. <sup>\*\*</sup>  
Kevin A. Kane <sup>†</sup>  
Kristen D. Drake

One Independent Drive, Suite 3131  
Jacksonville, Florida 32202  
Telephone (904) 358-3006 Facsimile (904) 358-3066

OFFICES ALSO IN AMELIA ISLAND, FLORIDA

<sup>†</sup> Board Certified in Taxation  
<sup>\*</sup> LL.M. in Taxation  
<sup>\*\*</sup> LL.M. in Estate Planning  
<sup>°</sup> Certified Circuit Court Mediator

Email: [jballinger@icblawfirm.com](mailto:jballinger@icblawfirm.com)  
[www.icblawfirm.com](http://www.icblawfirm.com)

January 29, 2010

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Acorn Family Limited Partnership I, LLLP  
Acorn Family Limited Partnership II, LLLP**

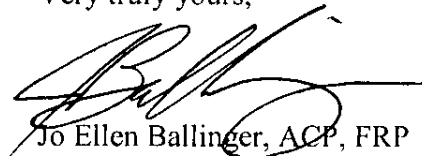
Dear Sir or Madam:

I enclose for filing a Certificate of Limited Partnership and our firm's check in the amount of \$1,000 for each of the above-referenced limited liability limited partnerships.

Please return all correspondence concerning this matter to Michael J. Ivan, Jr., Esq., at the address shown above. For further information concerning this matter, please call Mr. Ivan, or me if Mr. Ivan is not available, at (904) 358-3006.

Thank you.

Very truly yours,

  
Jo Ellen Ballinger, ACP, FRP  
Advanced Certified Paralegal  
Florida Registered Paralegal

Enclosures

cc: Michael J. Ivan, Jr., Esq.

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

FILED

10 FEB -1 PM 3: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Acorn Family Limited Partnership I, LLLP

(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. 8016 Acorn Ridge Road  
(Street address of initial designated office)

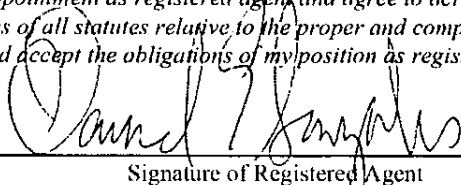
Jacksonville, FL 32256

3. David E. Gonzales  
(Name of Registered Agent for Service of Process)

4. 8016 Acorn Ridge Road  
(Florida street address for Registered Agent)

Jacksonville, FL 32256

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. 8016 Acorn Ridge Road  
(Mailing address of initial designated office)

Jacksonville, FL 32256

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

8. Name and business address of each general partner:

Name:

Business Address:

David E. Gonzales

8016 Acorn Ridge Road

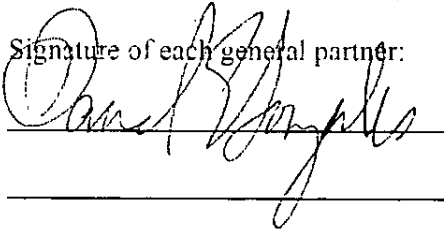
Jacksonville, FL 32256

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 27th day of January, 2010

Signature of each general partner:



FILED  
10 FEB - 1 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**