## H100000067

| Ivan Cole + Bonnette (Requestor's Name) |  |  |  |
|---|--|--|--|
| One Independent Dr.                     |  |  |  |
| Suite 3131                              |  |  |  |
| Jacksonville M. 32202                   |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
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Office Use Only



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

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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

| Acorn Family Limited Partnership II, 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.                             |
| 28016 Acorn Ridge Road   |
| (Street address of initial designated office)  |
| Jacksonville, FL 32256   |
| 3 David E. Gonzales  |
| (Name of Registered Agent for Service of Process)  |
| 48016 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  |

|  | .000.00 (\$965 Filing Fee and \$35 Registered Agent Fee<br>2.50 | e)          |
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| Camp Gonallo   | HASS  | <u> </u>    |
| Signature of each general partner:   |   | ) FE        |
| Signed this day of   | January , 2010  | . <u></u>   |
| (Effective date cannot be prior to nor mo<br>filed by the Florida Department of State. | ore than 90 days after the date the document is<br>.)           |             |
|  |   |             |
| 9. Effective date, if other than the date of filing                                    |   | <u> </u>    |
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|  | Jacksonville, FL 32256  |             |
| David E. Gonzales  | 8016 Acorn Ridge Road   |             |
| Name:  | Business Address:   |             |