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DIVISION OF CORPORATIONS
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MAY -2 2012

T. HAMPTON

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!! This portion can be removed for Recipient's records.

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Sender's
Name MICHELLE

Phone 561 732-6488

Company TOMBERG, JEFF, JDPA

Address 626 SE 4TH ST

Dept./Floor/Suite/Room

BOYNTON BEACH

State FL ZIP 33435-4915

Our Internal Billing Reference

ELLISON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 MAY -1 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 25, 2012

TOMBERG JEFF JDP
MICHELLE
626 SE 4TH ST
BOYNTON BEACH, FL 33435-4915

SUBJECT: ELLISON FAMILY PARTNERSHIP, LIMITED
Ref. Number: W12000017987

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

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 412A00012694



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2012

TOMBERG JEFF JDP
MICHELLE
626 SE 4TH ST
BOYNTON BEACH, FL 33435-4915

SUBJECT: ELLISON FAMILY PARTNERSHIP, LIMITED
Ref. Number: W12000017987

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

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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 012A00010637

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

1. Ellison Family Partnership, Limited

(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 L.L.L.P.

2. 6583 Bayhill Terrace
(Street address of initial designated office)

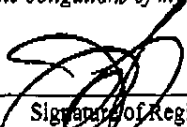
Boynton Beach, FL 33437

3. Jeff Tomberg
(Name of Registered Agent for Service of Process)

4. G26 SE 4 St.
(Florida street address for Registered Agent)

Boynton Beach, FL 33435

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. 6583 Bayhill Terrace
(Mailing address of initial designated office)

Boynton Beach, FL 33437

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:Herbert M. Ellison6583 Bayhill TerraceBoynton Beach, FL 33437Bernice (aka "Beth") Ellison6583 Bayhill TerraceBoynton Beach, FL 33437

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 18 day of April, 2012.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Herbert M. Ellison
Bernice Ellison

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

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12 MAY - 1 PM 4:26