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Dean, Mead, Egerton, Bloodworth, Capouano & Bozarth, P.A.

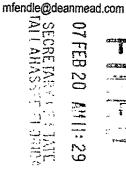
800 North Magnolia Avenue, Suite 1500 P.O. Box 2346 (ZIP 32802-2346) Orlando, Florida 32803

407-841-1200 407-423-1831 Fax www.deanmead.com

February 19, 2007

Orlando Fort Pierce Viera

> MARY F. FENDLE 407-428-5119



VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Certificate of Limited Partnership for Compimento - USA LLLP

Gentlemen:

Enclosed for filing are an original and one copy of a Certificate of Limited Partnership for Compimento - USA LLLP. Also enclosed are two checks totaling \$1,052.50 in payment of the \$1,000.00 filing fee and \$52.50 fee for a certified copy.

After the Certificate of Limited Partnership has been filed, please return the certified copy to:

Mary F. Fendle, Paralegal Dean Mead P. O. Box 2346 Orlando, Florida 32802-2346

For further information concerning this filing, please call me at (407) 428-5119.

Sincerely,

Mary F. Fendle, Paralegal

:mf

Enclosures

CC:

Teresa S. Sherrard w/enclosures

Alan H. Daniels, Esq. w/enclosures

O0332228v1

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

_{I.} Compimento - USA 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.

2 300 International Pkwy., Suite 270	
(Street address of initial designated office)	_
Heathrow, FL 32746-5028	\overline{B}_{in}
James M. Campisi)7 FEB ECRETT LI AHA
(Name of Registered Agent for Service of Process)	8 20 Tuto ASSE
, 300 International Pkwy., Suite 270	
(Florida street address for Registered Agent)	Es E
Heathrow, FL 32746-5028	STATE STATE
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent. Signature of Registered Agent	further agree to
<u>300 International Ákwy., Suite 270</u>	
(Mailing address of initial designated office)	
Heathrow, FL 3⁄2746-5028	

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

8. Name and business address of ean Name:	ach general partner: <u>Business Address:</u>
Imprenditore - USA, In	c. 300 International Pkwy.,Suite 270
	Heathrow, FL 32746-5028
	P0700021930
	O TAL
	AAR FEB
	20 P
	<u></u>
9. Effective date, if other than the date of	
(Effective date cannot be prior to n filed by the Florida Department of	or more than 90 days after the date the document is State.)
Signed this day of	
Signature of each general partner:	
Imprenditore / USA, Inc	
11/1/1 6	<i>^</i>
James M. Campiel Pre	esident
	01 000 00 (n)
Filing Fees: Certified Copy (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50
Certificate of Status (optional):	\$8.75

Page 2 of 2