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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

Account Number: 073222003555 Phone : (561) 686-3307

Fax Number : (561)686-5442

FLORIDA/FOREIGN LP/LLP

AJA Family, LP

Certificate of Status 0 Certified Copy 1 Page Count 02 Estimated Charge \$1,052.50

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OF AJA FAMILY, LP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, desiring to form a limited partnership in accordance with the Florida Revised Uniform Limited Partnership Act of 2005 and being duly sworn does hereby certify as follows:

- 1. The name of the Partnership is the AJA Family, LP.
- 2. The principal place of business of the Partnership is located at 800 N.E. 71st Street, Boca Raton, Florida 33487. The name of the Registered Agent of the Partnership at such address is ALBO J. ANTENUCCI, JR.
 - 3. The name and business address of the Managing General Partner is as follows:

ALN Holdings, Inc. 800 N.E. 71st Street Boca Raton, Florida 33487 Polo-91524

- 4. The mailing address of the Partnership is 800 N.E. 71st Street, Boca Raton, Florida 33487.
- 5. The Partnership's existence shall begin upon the filing of this Certificate with the Department of State of Florida and shall be perpetual, unless sooner terminated pursuant to the terms of the Limited Partnership Agreement.

IN WITNESS WHEREOF, the undersigned has executed this Certificate as a General Partner this // day of ________, 2006.

Witnesses:

ALN Holdings, Inc.

Print Name: Julie A. Viera

) herla Magratti

ALBO J. ANTENUCCI, JR., President

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STATE OF FLORIDA
) SS:
COUNTY OF PALM BEACH
) SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The foregoing instrument was acknowledged before me this <u>llth</u> day of <u>July</u>, 2006, by Albo J. Antenucci, Jr., who is not/is personally known to me, who has produced identification, and who did/did not take an oath.

GEORGE E, HARDING
MY COMMISSION # DD 352730
EXPIRES: September 7, 2008
Bonned Triu Notary Public Underwriters

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