

**A06000001393**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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GRAY | ROBINSON  
ATTORNEYS AT LAW

SUITE 138  
1800 WEST HIBISCUS BLVD. (32901)  
POST OFFICE BOX 1870  
MELBOURNE, FL 32902-1870  
TEL 321-727-8100  
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CLERMONT  
FORT LAUDERDALE  
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LAKE LAND  
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NAPLES  
ORLANDO  
TALLAHASSEE  
TAMPA

November 28, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

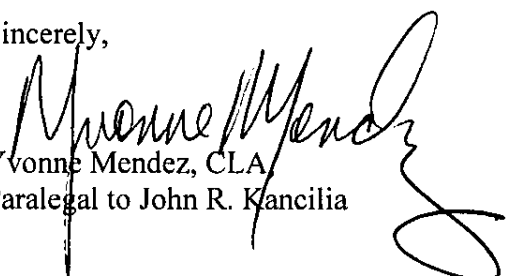
Re: Certificate of Limited Partnership for A1A Outparcel Group, L.L.L.P.

Dear Sir or Madam:

In connection with the above-referenced entity, enclosed is a completed Certificate of Limited Partnership along with our check payable to your order in the amount of \$1,000.00 in payment of the filing fee.

Please forward confirmation of the filing to the undersigned. Thank you for your assistance in this regard.

Sincerely,

  
Yvonne Mendez, CLA  
Paralegal to John R. Kancilia

/ym

Enclosure

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

1. A1A Outparcel Group, L.L.L.P.

(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. 8959 Astronaut Boulevard

(Street address of initial designated office)

Cape Canaveral, Florida 32920

3. John R. Kancilia, Esq.

(Name of Registered Agent for Service of Process)

4. 1800 W. Hibiscus Boulevard

(Florida street address for Registered Agent)

Melbourne, FL 32901

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. 8959 Astronaut Boulevard

(Mailing address of initial designated office)

Cape Canaveral, Florida 32920

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

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8. Name and business address of each general partner:

Name:

Business Address:

A1A Acquisition Corp.

8959 Astronaut Boulevard

Cape Canaveral, Florida 32920

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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 15 day of November, 2006

Signature of each general partner:

ALA Acquisition Group, Ltd., L.L.P.

By: ALA Acquisition Corp, its general partner

By:

  
President

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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