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SECRETARY OF STATE.
ALLAHASSEE: FINALE.



February 23, 2007

RONI BAUER 8680 N. ATLANTIC AVE. CAPE CANAVERAL, FL 32920

SUBJECT: THE STOTTLER FAMILY LIMITED PARTNERSHIP NO. 1

Ref. Number: W07000009501

We have received your document for THE STOTTLER FAMILY LIMITED PARTNERSHIP NO. 1 and your check(s) totaling \$2000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return 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) 245-6094.

Letter Number: 807A00013518

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COVER LETTER

TO: Registration Section Division of Corporations

CR2E030 (01/06)

SUBJECT: The Stottler Family Limited Partnership No. 1

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Roni Bauer				
(Contact Person)				
c/o Stottler Stagg & Associates				
(Firm/Company)		· 12		•
8680 N. Atlantic Avenue			ALL SEC	2001
(Address)	,		杂瓷	FEB
Cape Canaveral, FL 32920			ASSI ASSI	8 2 8
(City, State and Zip Code)		*	E,	
			S	U
For further information concerning this matter, plea	ase call:		STATE ORIGINAL ORIGIN	ს
Roni Bauer at (321 ₎	783-132	<u>20</u>	J
(Name of Contact Person)	Area Code ar	nd Daytime Te	lephone h	Number)
Enclosed is a check for the following amount:				
\$1,000.00 Filing Fees \$\int \\$1,008.75 Filing Fees \$\int \\$1,008.75 Filing Fees and Certificate of and Certificate of \$35 Registered Agent Status	52.50 Filing triffed Copy	Certifie	61.25 Fili d Copy, a ate of Sta	and
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Registrat Division P. O. Box	ion Section of Corporati x 6327 see, FL 323	ions	

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

1. The Stottler Family Limited Partnership No. 1

(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.

2.8680 N. Atlantic Avenue		
(Street address of initial designated office)		
Cape Canaveral, FL 32920	TASE 28	
Richard H. Stottler, Jr.	1 FEB	
(Name of Registered Agent for Service of Process)	2 % NAY SSEI	Γ
_{4.} 8680 N. Atlantic Avenue	CO T	(T
(Florida street address for Registered Agent)	LS3	C
Cape Canaveral, FL 32920	SRID SRID SRID SRID	
5. I hereby accept the appointment as registered agent and agree to act in this cap comply with the provisions of all statutes relative to the proper and complete perform and I am familiar with and accept the obligations of my position as registered agen	rmance of my di	
Ritter	.	
Signature of Registered Agent		
_{5.} 8680 N. Atlantic Avenue		
(Mailing address of initial designated office)		
Cape Canaveral, FL 32920		
7. If limited partnership elects to be a limited liability limited partner	ship, check t	∞х□

****** C \	. 8680 N. Atlantic Avenue
Richard H. Stottler, Jr.	
•	Cape Canaveral, FL 32920
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	FESTAL STATE
Effective date, if other than the date of	filing: January 1, 2007 March 15,
Effective date cannot be prior to m	or more man so days after the aute the accument is
	State.)
led by the Florida Department of S	State.) of February 2007
iled by the Florida Department of Signed this 21st day of	
igned this 21st day o	
iled by the Florida Department of Signed this 21st day o	
ligned this 21st day o	
Effective date cannot be prior to no filed by the Florida Department of Signed this 21st day of Signature of each general partner:	
Signed this 21st day o	

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