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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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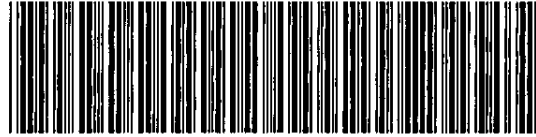
(Business Entity Name)

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DB

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March 29, 2007

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Crippen Family Limited Partnership

Dear Sir/Madam:

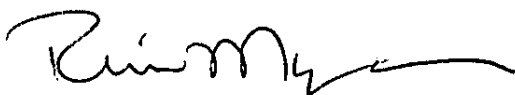
Enclosed herewith are the following:

1. Certificate of Crippen Family Limited Partnership,
2. Certificate of Designation of Registered Agent/Registered Office, and
3. check in the amount of \$1,000.00.

Please provide a stamped "filed" copy of the Certificate of Limited Partnership to this office in the enclosed stamped self-addressed envelope.

Thank you for your assistance in this matter. If you have any questions, please do not hesitate to contact me.

Very truly yours,



Renée Marquis-Abrams
RMA:rf

Enclosures

cc: Standish C. Crippen

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TALLAHASSEE, FLORIDA

Certificate of Crippen Family Limited Partnership

THIS CERTIFICATE is executed this 23 day of March, 2007, with respect to the agreement of Crippen Family Limited Partnership (the "Partnership").

1. Name and Mailing Address of the Partnership. The Partnership's name is Crippen Family Limited Partnership, and its mailing address is 16 Castle Court, Fort Pierce, Florida 34949.
2. Registered Agent. The name and post office address of the Partnership's registered agent is Standish C. Crippen, 16 Castle Court, Fort Pierce, Florida 34949.
3. General Partner. There is one (1) general partner. The name and street and mailing address of the sole general partner is: Crippen Enterprises, LLC, 16 Castle Court, Fort Pierce, Florida 34949. LD7006630400
4. Dissolution of Partnership. The latest date upon which the Partnership is to dissolve is December 31, 2057.

IN WITNESS WHEREOF, the undersigned general partner has signed and sealed this certificate, on the day and year first above written.

Signed, sealed and delivered
in the presence of:

Ruth Ann Fournier

Ruth Ann Fournier
Printed Name of Witness

Jessica Graf
Jessica Graf
Printed Name of Witness

STATE OF FLORIDA
COUNTY OF ST. LUCIE

Crippen Enterprises, LLC,
General Partner

By: [Signature]
Standish C. Crippen, as Managing Member

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NOTARY OF STATE
ST. LUCIE FLORIDA

The foregoing instrument was acknowledged before me this 23 day of March, 2007, by Standish C. Crippen, as Managing Member of Crippen Enterprises, LLC, ___ who is personally known to me or ☒ who produced FL drivers license as identification.



Ruth Ann Fournier
Notary Public of the State of Florida

Printed Name

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 620.1114 FLORIDA STATUTES, THE UNDERSIGNED DOMESTIC LIMITED PARTNERSHIP, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE, REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the domestic limited partnership is: Crippen Family Limited Partnership.

2. The name and address of the registered agent and office is:

Standish C. Crippen
16 Castle Court
Fort Pierce, FL 34949

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TALLAHASSEE, FLORIDA

Acceptance

Having been named as registered agent and to accept service of process for the above stated domestic limited partnership at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signed on this 26 day of March, 2007.


Standish C. Crippen