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Thanks

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

FLORIDA/FOREIGN LP/LLLP

LECESSE AU, LLLP

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M. THOMAS

JAN 30 2009

EXAMINER

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

1. LeCesse AU, 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. 650 South Northlake Blvd., Suite 450
(Street address of initial designated office)
Altamonte Springs, Florida 32701

3. Salvador F. Leccese
(Name of Registered Agent for Service of Process)

4. 650 South Northlake Blvd., Suite 450
(Florida street address for Registered Agent)
Altamonte Springs, Florida 32701

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 an accept the obligations of my position as registered agent.

By: _____
Signature of Registered Agent Salvador F. Leccese

6. 650 South Northlake Blvd., Suite 450
(Mailing address of initial designated office)
Altamonte Springs, Florida 32701

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

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8. Name and business address of each general partner:

Name:	Business Address:
LeCesse AU, Inc.	650 South Northlake Blvd., Suite 450 Altamonte Springs, Florida 3270 I

P09-9424

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 day of

Signature of each general partner:

LeCesse AU, Inc.

By:

Salvador F. Leccese, President

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Filing Fees: $1,000.00 ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional): $52.50
Certificate of Status (optional): $8.75