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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Certificates of Status _____

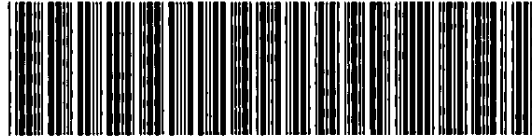
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JUN - 9 2009

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN - 8 PM 12:09

LAW OFFICE

ROBERT E. O'CONNELL, P.A.

1499 W. PALMETTO PARK ROAD, SUITE 416

BOCA RATON, FLORIDA 33486

reo@reo-law.com

ROBERT E. O'CONNELL, ESQ.*
MICHELLE I. REICHLER, ESQ

TELEPHONE (561) 999-3250
TELECOPIER (561) 999-3249

*Board Certified-Aviation Law

June 1, 2009

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Florida Limited Partnership for ALR Ventures, LP

Dear Registration Section:

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

Please return all correspondence concerning this matter to:

Robert E. O'Connell
Robert E. O'Connell, PA
1499 West Palmetto Park Road, Suite 416
Boca Raton, FL 33486

Email address: reo@reo-law.com

Enclosed is a check for \$1,061.25 for filing fees, certified copy and Certificate of Status

Your attention to the above is appreciated

Very truly yours,


Robert E. O'Connell

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

1. ALR VENTURES, LP

(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 L.L.P.*

2. 1160 SW 20th Avenue
(Street address of initial designated office)

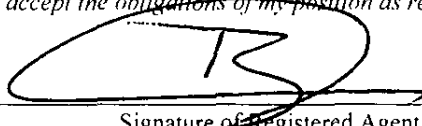
Boca Raton, Florida 33486

3. Robert E. O'Connell, P.A.
(Name of Registered Agent for Service of Process)

4. 1499 W. Palmetto Park Road, Suite 416
(Florida street address for Registered Agent)

Boca Raton, Florida 33486

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. 1160 SW 20th Avenue
(Mailing address of initial designated office)

Boca Raton, Florida 33486

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

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DIVISION OF CORPORATE REGISTRATION
09 JUN - 8 PM 12:09

8. Name and business address of each general partner:

Name:

Business Address:

Robert E. O'Connell

1160 SW 20th Avenue

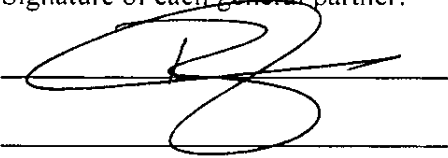
Boca Raton, Florida 33486

9. Effective date, if other than the date of filing: June 1, 2009

(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 1st day of June, 2009

Signature of each general partner:



6-1-2009

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75