

Certificate of Limited Partnership

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FILED
October 06, 2009
Sec. Of State
gharvey

Name of Limited Partnership:

ALBRECHT FAMILY LIMITED PARTNERSHIP

Street Address of Limited Partnership:

391 NW SHEFFIELD CIR
PORT ST. LUCIE, FL. 34983

Mailing Address of Limited Partnership:

391 NW SHEFFIELD CIR
PORT ST. LUCIE, FL. 34983

The name and Florida street address of the registered agent is:

KEVIN D ALBRECHT
391 NW SHEFFIELD CIR
PORT ST. LUCIE, FL. 34983

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: KEVIN D. ALBRECHT

The name and address of all general partners are:

Title: G
AFLPGP, INC.
391 NW SHEFFIELD CIR
PORT ST. LUCIE, FL. 34983

The effective date for this Limited Partnership shall be:

10/06/2009

Signed this Sixth day of October, 2009

I (we) declare the I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: KEVIN D ALBRECHT, PRES, AFLPGP, INC.