

## Certificate of Limited Partnership

A09000000703  
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.