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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
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Phone : (850) 521-1000
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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

LECESSE AU, INC.

EP 1/30/09

Certificate of Status	0
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

LeCesse AU, Inc.

ARTICLE II PRINCIPAL OFFICEThe principal ~~street~~ address and mailing address, if different is:650 South Northlake Blvd., Suite 450
Altamonte Springs, Florida 32701**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose for the corporation is to act as the general partner of LeCesse AU, LLLP.

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), addressees) and specific title(s):

Salvador F. Leccese, President
Jacqueline Leccese, Vice President
650 South Northlake Blvd., Suite 450
Altamonte Springs, Florida 32701**ARTICLE VI REGISTERED AGENT**The ~~name and Florida street address~~ (P.O. Box NOT acceptable) of the registered agent is:Salvador F. Leccese
650 South Northlake Blvd., Suite 450
Altamonte Springs, Florida 32701**ARTICLE VII INCORPORATOR**The ~~name and address~~ of the incorporator is:Salvador F. Leccese
650 South Northlake Boulevard, Suite 450
Altamonte Springs, Florida 32701

 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By:

Signature/Registered Agent *Salvador F. Leccese*

Date 1-27-09

Signature/Incorporator *Salvador F. Leccese*, President

Date 1-27-09

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