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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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2015 NOV 30 PH 1: 16

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TRX Doral Warehouse Fund 1, L.P.			
Name of Florida Limited Partnership or Limited Liability Limited Partnership			
The enclosed Certificate of Limited Partnership and fees are submitted for filing.			
Please return all correspondence concerning this matter to:			
Mr. J. Bruce Ricciuti			
Contact Person			
c/o Birch Capital, LLC			
Firm/Company			
65 William Street			
Address			
Wellesley, MA 02481			
City, State and Zip Code			
Bruce@birchcapital.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
J. Bruce Ricciutíat (781) 431-2600			
Name of Contact Person Area Code and Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fees and Certificate of Status \$1,0052.50 Filing Fees and Certified Copy and Certificate of Status \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status			
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314			

CR2E030 (01/06)

Name: MI200000 aqın Birch Miami-Dade GP, LLC	Business Addr c/o Birch Cap		
	65 William S	treet, Wellesley, MA 0	2481
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9. Effective date, if other than the date of	filing:		\$1.5
(Effective date cannot be prior to no filed by the Florida Department of i		er the date the documen	بسی پ.
Signed this 24th day of	of_November	2015	
Signature of each general partner: Instated herein are true. I/We am/are adocument to the Department of States. 817.155, F.S.	aware that any false info the constitutes a third deg Birch hirt	rmation submitted in a	or in
	84		
	J. Bruce	Riccioti, its Ma	nager
Filing Fees: Certified Copy (optional): Certificate of Status (optional):		ce and \$35 Registered Agen	N 7

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

1. TRX Doral Warehouse Fund 1, L.P.
(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. c/o Birch Capital, LLC
(Street address of initial designated office)
65 William Street, Wellesley, MA 02481
3. Benjamin B. Cummings
(Name of Registered Agent for Service of Process)
17650 Oakwood Avenue, Boca Raton, FL 33487
(Florida street address for Registered Agent)
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. 17650 Oakwood Avenue, Boca Raton, FL 33487
(Mailing address of initial designated office)
7. If limited partnership elects to be a limited liability limited partnership, check box