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LIMITED LIABILITY COMPANY

Baldwin Investments, LLC

Certificate of Status	0
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FAX AUDIT # 11070001011573

**ARTICLES OF ORGANIZATION
OF
Baldwin Investments, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Baldwin Investments, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 12426 SW 259 Street, Miami, Florida 33032.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Alvin McCray, 20016 SW 123 Drive, Miami, Florida 33177. Located in the County of Miami Dade.


ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Darin Baldwin, 12426 SW 259 Street, Miami, Florida 33032


Business Filings Incorporated, Organizer
Mark Schiff, AVP
Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
(608) 827-5300

FAX AUDIT # 11040001017593

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P.03

FAX AUDIT # 4040001017593

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Baldwin Investments, LLC**

The name and address of the registered agent and office is: **Alvin McCray, 20016 SW
123 Drive, Miami, Florida 33177. Located in the County of Miami Dade.**

Having been named as registered agent and to accept service of process for the above
stated company at the place designated in this certificate, 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 relating 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: 

Alvin McCray

Date: May 4, 2004

FAX AUDIT # 4040001017593