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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : FILINGS, INC.  
Account Number : 072720000101  
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RECEIVED  
05 AUG 16 AM 7:48  
DIVISION OF CORPORATIONS

FILED  
05 AUG 16 AM 9:37  
STATE OF FLORIDA  
TALLAHASSEE

LIMITED LIABILITY COMPANY  
DORAL WEST INDUSTRIAL PARK LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

WR 08/17/05

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DORAL WEST INDUSTRIAL PARK LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

7035 GLENEAGLE DRIVE  
MIAMI LAKES, FL 33014

**Mailing Address:**

SAME

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

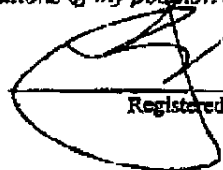
The name and the Florida street address of the registered agent are:

LUIS F DE LA CRUZ  
Name

TWO ALHAMBRA PLAZA, PH2C  
Florida street address (P.O. Box NOT acceptable)

CORAL GABLES, FL 33134 FL  
City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability 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 as provided for in Chapter 608,*

  
\_\_\_\_\_  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

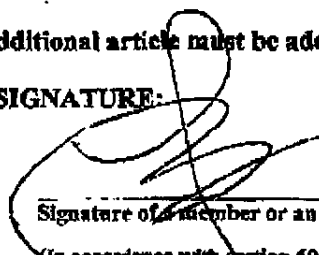
BARR HOLDINGS LLC  
7035 GLENEAGLE DRIVE  
MIAMI LAKES, FL 33014

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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



Signature of member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LUIS F. DE LA CRUZ

Typed or printed name of signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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 05 AUG 16 AM 9:38  
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