

Florida Department of State

Division of Corporations Public Access System

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(((H07000196821 3)))



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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : FOWLER, WHITE, BURNETT, ET AL

Account Number: 071250001512

Phone : (305) 789-9200

Fax Number : (305) 789-9201

RIDA/FOREIGN LIMITED LIABILITY CO.

8240 DORAL BUSINESS PARK, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

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ARTICLES OF ORGANIZATION

OF

8240 DORAL BUSINESS PARK, LLC



ARTICLE I

The name of the limited liability company formed hereby is 8240 DORAL BUSINESS PARK, LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

8244 N.W. 30th Terrace Miami, Florida 33122

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Gabriel Faillace 8244 N.W. 30th Terrace Miami, Florida 33122

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ARTICLE V

The Limited Liability Company shall be manager-managed. The name and address of the initial Manager is as follows:

> Gabriel Faillace 8244 N.W. 30th Terrace Miami, Florida 33122

> > Gabriel Faillage,

as Authorized Representative of the Members

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Before me personally appeared Gabriel Faillace, as Authorized Representative of the Members, Who is personally known to me, or D who produced _ as identification, to be the person who executed the foregoing Articles of Organization.

In witness whereof I have hereunto set my hand and official seal this -AUGUST, 2007.

> Notary Public State of Florida Erena Lore/Não My Commission DD628230 Explres 01/09/2011

Notary Public

Print Name:_

My Commission expires:

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OF RESIDENT AGENT AND ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

- 1. The name of the limited liability company is 8240 DORAL BUSINESS PARK, LLC.
- 2. The name and address of the Registered Agent and Office is:

Gabriel Faillace 8244 N.W. 30th Terrace Miami, Florida 33122

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.

Gabriel Eaifface Registered Agent

Date:

8240 DORAL BUSINESS PARK, LLC

Gabriel/Faillace,

as Authorized Representative

of the Members

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