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From:

Account Name : BUSINESS FILINGS Account Number : 105256001620

Phone : (608)827-5300 Fax Number : (608)827-5501

LIMITED LIABILITY COMPANY

RB-XXXII, LLC

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

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ARTICLES OF ORGANIZATION OF RB-XXXII,LLC

ARTICLE I

NAME

The name of the limited liability company shall be: RB-XXXII,LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 9240 SW 72nd St., Suite 118, Miami, Florida 33173.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Maria Fernandez-Valle, 3750 NW 87th Ave., Suite 100, Doral, Florida 33178. Located in the County of Miami Dade.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2045.

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:

Rolando Benitez, 9240 SW 72nd St Suite 118, Miami, Florida 33173

Business Filings Incorporated, Organizer

Mark Schiff, AVP 1

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200,

Madison, WI 53717 (608) 827-5300

FAX AUDIT # 405000 (107863

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: RB-XXXII,LLC

The name and address of the registered agent and office is Maria Fernandez-Valle, 3750 NW 87th Ave., Suite 100, Doral, Florida 33178. 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

Maria Fernandez-Valle

Date: April 26, 2005

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SECRETARY OF STATE

FAX AUDIT # 4050001117863