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To:

Division of Corporations

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The Consider Section Commencer

Accorde Name : AKERMAN, SENTERFITT & BIDSON, P.A.

Account Number : 075471001363 Phone : (305)374-5600 Fax Number : (305)374-5095

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MASTER BOCA CARTER, LLC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION OF MASTER BOCA CARTER, LLC

ARTICLE I: - Name

The name of the Limited Liability Company is: Master Boca Carter, LLC

ARTICLE II: - Address

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

900 North Federal Highway Suite 208 Hallandale Beach, Florida 33009

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent and registered office are:

American Information Services, Inc. One Southeast Third Avenue, 28th FL

Miami, Florida 33131

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, F.S.

American Information Services, Inc.

Néry C. Toledo, Assistant Secretary

Registered Agent

Michael A. Berke, Esq.

Authorized Representative of a Member

Signed and dated this Bra day of Whereh, 2006.

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