

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

*Greg C. Pender, Principal*  
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.  
Account Number : 075471001363  
Phone : (305) 374-5500  
Fax Number : (305) 374-5095

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MASTER MIRAMAR, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 01       |
| Estimated Charge      | \$155.00 |

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Electronic Filing Menu

Corporate Filing Menu

Help

46  
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**ARTICLES OF ORGANIZATION  
OF  
MASTER MIRAMAR, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is: **Master Miramar, 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, 28<sup>th</sup> 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.

By *Nery C. Toledo*  
Nery C. Toledo, Assistant Secretary  
Registered Agent

*Michael A. Berke*  
Michael A. Berke, Esq.  
Authorized Representative of a Member

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Signed and dated this 5<sup>th</sup> day of April, 2006.

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