Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

zom: April O. Creeds, Foraligat

comine Name : AKERMAN, SENTERFITT & EIDSON, P.A.

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

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MASTER WEST SUNSET, LLC

RECEIVED
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STON OF CORPORATION

 Certificate of Status
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 Estimated Charge
 \$155.00

39259-165540

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(H06000090618)

ARTICLES OF ORGANIZATION MASTER WEST SUNSET, LLC

ARTICLE 1: - Name

The name of the Limited Liability Company is: Master West Sunset, LLC

ARTICLE II: - Address

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

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 ueeept 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 dutter and E 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.

Nery Catoledo, Assistant Secretary

Registered Agent

Berke, Esa.

iorized Representative of a Member

Signed and dated this 5th day of April, 2006.

[M2390968,1]

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