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To: Division of Corporations  
Fax Number : (850)205-0383  
From: *Angelina M. Chiu*  
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.  
Account Number : 075471001363  
Phone : (305)374-5600  
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

MASMAR XXXII - WB, LLC

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

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FAX AUDIT No. H06000113777

**ARTICLES OF ORGANIZATION  
FOR  
MASMAR XXXII - WB, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Masmr XXXII - WB, LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 5835 Blue Lagoon Drive, 4<sup>th</sup> Floor, Miami, FL 33126.

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Masoud Shojacc  
5835 Blue Lagoon Drive  
4<sup>th</sup> Floor  
Miami, FL 33126

*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 008, F.S.*

\_\_\_\_\_  
Masoud Shojacc  
Registered Agent's Signature

Signed and dated this 28<sup>th</sup> day of April, 2006.

\_\_\_\_\_  
Masoud Shojacc  
Authorized representative of a member

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