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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : DAVID J. WIENER, P.A.
Account Number : I20040000023
Phone : (561)366-9144
Fax Number : (561)366-9145

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TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

WMD Miramar, LLC

Certificate of Status	0
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DIVISION OF CORPORATION

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: WMD Miramar, LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and Facts) are submitted for filing. Please return

all correspondence concerning this matter to the following.

Joanne M. Sarkisian

(Name of Person)

David J. Wiener, P.A.

(Firm/Company)

3200 North Military Trail, 4th Floor

(Address)

Boca Raton, FL 33433

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Joanne M. Sarkisian

at (561)

980-2911

Enclosed is a check for the following amount:

\$125 Filing Fee

\$130.00 Filing Fee & Certificate of Status

\$155 Filing Fee & Certified Copy (additional copy is enclosed)

\$160 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32309

MAILING ADDRESS:
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

WMD Miramar, LLC

ARTICLE II – Address:

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

Principal Office Address:

3200 North Military Trail

4th Floor

Boca Raton, FL 33431

Mailing Address:

3200 North Military Trail

4th Floor

Boca Raton, FL 33431

ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature:

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

David J. Wiener

Name

3200 North Military Trail, 4th Floor

Florida street address (P.O. Box NOT acceptable)

Boca Raton, FL 33431

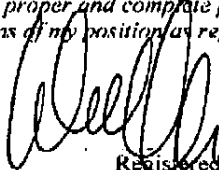
City, State, and Zip

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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.



Registered Agent’s Signature

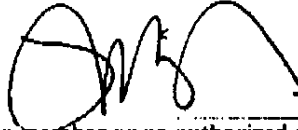
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ARTICLE IV – Management:

The Limited Liability Company is to be managed by one or more members and is, therefore, a member-managed company.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LARRY BERNICK
Authorized Representative

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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