# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAMONT, NEIMAN, INTERIAN & BELLET, P.A.

Account Number : 12000000051 : (305)530-9400 Phone Fax Number : (305)530-9409

FLORIDA/FOREIGN LIMITED LIABILITY CO.

W MULTIFAMILY FUND 1, LLC

Certificate of Status	1
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**EXAMINER** 

OCT 2 9 2009

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

W MULTIFAMILY FUND 1, LLC

#### ARTICLE II - Address:

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

11776 West Sample Road Suite 105 Coral Springs, Florida 33065

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

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

LAMONT NEIMAN INTERIAN & BELLET, P.A.
One Biscayne Tower
Two S. Biscayne Blvd., Ste. 3550
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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 608, F.S..

REGISTERED AGENT

Jan/S Neiman, Esq.

Secretary

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SECRETARY OF STAIL DIVISION OF CORPORATIONS

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### ARTICLE IV - Management:

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

The initial manager for the company shall be Carlos Berner.

(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.)

Jan S. Neiman, Esq.

Authorized Representative of a Member

SECRETARY OF STATE
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