

SEP-07-05 18:38 From: AKERMAN, SENTERFITT & EIDSON, P.A.

Division of Corporations

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TALLAHASSEE, FLORIDA

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From: *Angelica M. Chiru*  
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Phone : (305) 374-5600  
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**LIMITED LIABILITY COMPANY**

**MASMAR V - BOA, LLC**

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**ARTICLES OF ORGANIZATION  
FOR  
MASMAR V - BOA, LLC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Masmar V - Boa, 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 Shojace  
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 608, F.S.*

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

Signed and dated this *8th* day of September, 2005.

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

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