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(((H05000213861 3)))

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To:

Division of Corporations

Fax Number

: (850)205-0383

angelica m. ahirn

Account dame Account Number : 075471001363

: AKERMAN, SENTERFITT & EIDSON, P.A.

Phone

: (305)374-5600

Fax Number

: (305)374-5095

LIMITED LIABILITY COMPANY

MASMAR I - BOA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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FAX AUDIT No. H05000213861

2005 SEP -8 A 7: 20

ARTICLES OF ORGANIZATION FOR MASMAR I - BOA, LLC

SEGNETATION OF STATE TALLAHASSEE, PLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is: Masmar I - 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, 4th 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 Shojaee 5835 Blue Lagoon Drive 4th 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 Shope Registered Agent's Signature

Signed and dated this $\frac{8\%}{1}$

day of September 2005.

Masoud Shojaee
Authorized representative of a member

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