

# Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

count name : AKERMAN, SENTERFITT & EIDSON, P.A.

Account Name : AKERMAN, SENT Account Number : 075471001363 Phone : (305)374-5600

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## LIMITED LIABILITY COMPANY

MASMAR X - BOA, LLC

| Certificate of Status | 0        |
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## FAX AUDIT No. 1405000213875

### ARTICLES OF ORGANIZATION FOR MASMAR X - BOA, LLC

#### ARTICLE I - Name:

The name of the Limited Liability Company is: Masmar X - 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.

Masquid Shojaee

Registered Agent's Signature

Signed and dated this 07

day of September, 2005

Masoud Shojace

Authorized representative of a member

FAX AUDIT No. 4050002/3875