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To:

Division of Corporations

Fax Number : (850)205-0383

From:

ingelia m. Chin Account Name

: AKERMAN, SENTERFITT & EIDSON, P.A.

Account Number: 075471001363 Phone

: (305)374-5600

Fax Number

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LIMITED LIABILITY COMPANY

MASMAR XII - BOA, LLC

Certificate of Status	0
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FAX AUDIT No. H05000238450

ARTICLES OF ORGANIZATION FOR MASMAR XII - BOA, LLC

ARTYCLE I - Name:

The name of the Limited Liability Company is: Masmar XII-Boa, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 5835 Bine 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:

> Maxoud Shojace 5835 Blue Lagoon Drive 4th Floor Miami. FL 33126

Having been named as registered agent and to eccept earlies 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 amfamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 608 F S.

> Masoud Shojaec istered Agent's Signature

Signed and dated this

Masoud Shojace

Authorized appresentative of a member

PAX AUDIT No. H05000238450

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