

Florida Department of State

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Division of Corporations

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Account Name : AKERMAN, SENTERFITT & ELDSON, P.A. Account Number: 075471001363

Phone (305) 374-5600 (305) 374-5095

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LIMITED LIABILITY COMPANY

MASMAR XVIII - BOA, LLC

Certificate of Status	0
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Page Count	01
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TALLAHASSEE, FLORIDA

FAX AUDIT No. H05000238504

ARTICLES OF ORGANIZATION FOR MASMAR XVIII - BOA, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is: Masmar XVIII - Box, 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 Shojase 5835 Blue Lagoon Drive 4th Floor Mismi, 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 608,75.

Masque Shojase Registered Agent's Signature

Signed and dated this 7

Masoud Shojace

Authorized representative of a member

FAX AUDIT No. H05000238504

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