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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Starboard Florida XII, LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
K. Ray Pinkstaff
Name of Person
K. Ray Pinkstaff, PC
Firm/Company
PO Box 31408
Address
Knoxville, TN 37930
City/State and Zip Code
ray@piirkstamaw.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Ray Pinkstaffat (865 690-7010
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee \$\sum \$\subset\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	CL	E I	_ T	Na	me	

The name of the Limited Liability Company is:

Starboard Florida XII, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	<u>Maning Address:</u>	
27 Star Island Drive	PO Box 31408	
Miami Beach, FL 33139	Knoxville, TN 37930	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Peter Yanowitch

Name

2903 Salzedo Street

Florida street address (P.O. Box NOT acceptable)

Coral Gables

City, State, and Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

UNACIDE NA	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	John M. Jansheski
	27 Star Island Drive
	Miami Beach, FL 33139
MGR	Kevin McCready
	118 N. Peters Rd. #132
	Knoxville, TN 37923
(Use attachment if necessary)	
	he date of filing: (OPTIONAL)
LE V: Effective date, if other than the ffective date is listed, the date must	he date of filing: (OPTIONAL) be specific and cannot be more than five business days pr
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of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)