

Division of Corporations

**L02000021510**

**Florida Department of State  
Division of Corporations  
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**To:**  
Division of Corporations  
Fax Number : (850) 205-0383

**From:**  
Account Name : LAMONT & NEIMAN, P.A.  
Account Number : I20000000051  
Phone : (305) 530-9400  
Fax Number : (305) 530-9409

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**ECRR Investments, LLC**

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

ECRR Investments, LLC

### ARTICLE II - Address:

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

Raymond Maranges  
2820 Banyan Boulevard Circle  
Boca Raton, Florida 33431

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

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

Lamont & Neiman, P.A.  
One Biscayne Tower, 3550  
Two South Biscayne Boulevard  
Miami, Florida 33131

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 608, F.S..

REGISTERED AGENT

LAMONT & NEIMAN, P.A.

By: 

JAN S. NEIMAN, Secretary


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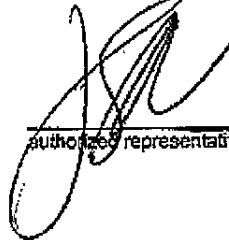
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**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore a manager - managed company.

  
\_\_\_\_\_  
authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
\_\_\_\_\_  
authorized representative of a member

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