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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

CCRI, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CCRI, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**Landerhaven Corporate Center  
6110 Parkland BoulevardMayfield Heights, Ohio 44124**Mailing Address:**Landerhaven Corporate Center  
6110 Parkland BoulevardMayfield Heights, Ohio 44124**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Marc S. Kaplovitz

Name

10031 Colonial Club BoulevardFlorida street address (P.O. Box **NOT** acceptable)Fort MeyersFLORIDA 33913

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, Florida Statutes.*

Marc S. Kaplovitz

Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:****"MGR" = Manager****"MGRM" = Managing Member****Name and Address:**MGRArthur M. ElkLanderhaven Corporate Center, 6110 Parkland Blvd.  
Mayfield Heights, OH 44124

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**  
Signature of a member or an authorized representative of a member.

(In accordance with section 606.402(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Arthur M. Elk, Manager

Typed or printed name of signer

**Filing Fees:****\$100.00 Filing Fee for Articles of Organization****\$ 25.00 Designation of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**FILED  
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