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TRANSMITTAL LETTER

| TO: Registration Son Division of Co | | | |
|--|---|--|--|
| SUBJECT: Camtrus | | | |
| | (Name of Limite | d Liability Company) | |
| The enclosed Articles o | f Organization and fee(s) are s | ubmitted for filing. | |
| Please return all corresp | ondence concerning this matte | er to the following: | |
| Debra R | | | |
| | (1 | Name of Person) | |
| | | | |
| Greenebaum Doll & | | Firm/Company) | |
| | (| Firm/Company) | |
| 255 F. Fifth | Street, Suite 2800 | | |
| 200 2. 1 1111 | Oli Oct, Galle 2000 | (Address) | |
| | | | |
| Cinci | nnati, Ohio 45202 | | 12 |
| | | State and Zip Code) | |
| | | | ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; |
| For further information | concerning this matter, please | call: | |
| Debra Roberts | | ⇒ € 513 × 455-7655 | > |
| | of Person) | at (513) 455-7655 (Area Code & Daytime Te | elephone Number) |
| | | | |
| Enclosed is a check for | or the following amount: | | |
| 3 \$125.00 Filing Fee | ☐ \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | |
|---|---|--------------------------|
| The name of the Limited Liability Comp | pany is: | |
| Camtrust Properties, LLC | | |
| ARTICLE II - Address: | | |
| The mailing address and street address of | of the principal office of the Limited Liab | ility Company is: |
| Principal Office Address: | Mailing Address: | |
| 130 Beekin Drive | | |
| Hillsboro, Ohio 45133 | | |
| | gistered Office, & Registered Agent's S | ignature: |
| The name and the Florida street address | of the registered agent are: | |
| William C. Mason, Jr. | | 12 |
| - 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- | Name | |
| 3513 Burnt Pine Lane | | |
| Florida s | street address (P.O. Box NOT acceptable) | 5. 5. 5. 5. 7. 5.3 |
| Destin, Florida 32550 | FL | []. (3 호 |
| City | y, 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

(CONTINUED)

Page 1 of 2

| Title: "MGR" = Manager "MGRM" = Managing Me | Name and Address: |
|---|--|
| MGR | William C. Mason, Jr. |
| | 3513 Burnt Pine Lane |
| | Destin, Florida 32550 |
| | |
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| | |
| | |
| (Use attachment if necessa | ticle must be added if an effective date is requested. |
| NOTE: An additional ar | ticle must be added if an effective date is requested. |
| REQUIRED SIGNATUR | E: |
| Signature | of a member or an authorized representative of a member. |
| of this do | ance with section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury facts stated herein are true.) |
| William | C. Mason, Jr. |
| | Typed or printed name of signee |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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