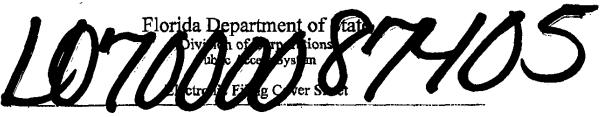
Division of Corporations

Page 1 of 1



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ARTICLE I - Name

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: CTI of Ocala L.L.C. ARTICLE II - Address The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: Principal Office Address: 2057 S.E. Laurel Run Drive 2057 S.E. Laurel Run Drive Ocala, FL 34471 Ocala, FL 34471 The state of the second of the ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are: 2057 S.E. Laurel Run Drive (P.O. Box or Mail Drop Box NOT Acceptable) Ocala, FL 34471 (City / State / 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 - Ira Gilroy

H07000213331

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

Title: Name and Address:
"MGR" = Manager
"MGRM" = Managing Member

MGRM__

Steve A. Brown - 2057 S.E. Laurel Run Drive, Ocala, FL 34471

MGRM

Ira Gilroy Jr. - 2057 S.E. Laurel Run Drive, Ocala, FL 34471

MGRM

Tamara Foster - 2057 S.E. Laurel Run Drive, Ocala, FL 34471

(Use attachment if necessary)

REQUIRED SIGNATURE:

Signature of a member or 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.)

Ira Gilroy Jr.

Typed or printed name of signee

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SECRETARY OF STATE