Florida Department of State

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To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : CAPITOL SERVICES, INC. Account Number : I20160000017 Phone : (855)498-5500 : (800)432-3622 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.

Crane-MCS JV, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Crane-MCS JV, LLC

(Must contain 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:

$t^{t}av$	Principal Office Address:	Malling Address:	
Have	4890 West Kennedy Blvd	4890 West Kennedy Blyd	
.0.	Suite 500	Suite 500 1:	
· · · ·	Tampa, FL 33609	Tampa, FL 33609 "	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:1

(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:

C T Corporation Sys	stem	
	Name	
1200 South Pine Isla	and Road	7.
Florida street addre	ss (P.O. Box <u>NOT</u> acc	ceptablé)
Plantation	Florida	33324
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 605, F.S..

C T Corporation System, by: /s/Laura R. Broderick, Assistant Secretary

Registered Agent's Signature (REQUIRED)

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