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LIMITED LIABILITY COMPANY

Lustra LLC

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FAX AUDIT # 11040002336025

**ARTICLES OF ORGANIZATION
OF
Lustra LLC**

ARTICLE I NAME

The name of the limited liability company shall be: Lustra LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 177 Sportsman Ave., Freeport, New York 11520.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 660 East Jefferson Street, Tallahassee, Florida 32301. Located in the County of Leon.


ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Andrzej Mrozewski, 177 Sportsman Ave., Freeport, New York 11520


Business Filings Incorporated, Organizer
Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
(608) 827-5300

FAX AUDIT # 11040002336053

FILED
NOV 23 A 4 52
TALLAHASSEE, FLORIDA
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FAX AUDIT # 11040002336053**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Lustra LLC**

The name and address of the registered agent and office is: Business Filings Incorporated,
660 East Jefferson Street, Tallahassee, Florida 32301. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: _____


Mark Schiff, AWP
Business Filings Incorporated

Date: November 23, 2004

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2004 NOV 23 A 9 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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