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Division of Corporations

Fax Number

: (850)205-0383

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: (305)634-3694

Fax Number

: (305) 633-9696

LIMITED LIABILITY COMPANY

crystal lending group, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: CRYSTPL LEN	TNG GROUP, LLC
ARTICLE II - Address: The mailing address and street address of the princip	,
Principal Office Address:	Mailing Address:
West Palm Beach Fd 33401	West RL R. 1 G 72401
ARTICLE III - Registered Agent, Registered Offi The name and the Florida street address of the regist	ice, & Registered Agent's Signature: ered agent are:
Brian D. Gor Name 12537 Bi Scayne Florida street address (P.O. Box N. Migmi City, State, and Zin	(NOT acceptable)
Having been named as registered agent and to accept service of company at the place designated in this certificate. I hereby accepte to act in this capacity. I further agree to comply with the yeard complete performance of my duties, and I am familiar with registered agent as provided for in Chopte	of process for the above stated limited liability copy the appointment as registered agentiand provisions of all statutes relating to the proper and accept the obligations of my positions of

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ARTXCLE 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 Philip Grace The Type Concerned of the Type Concerned of the State of a member or an authorized representative of a member. (In accordance with section 608 408(3), Florida States, the execution of this obcument constitutes at affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signer

SECRETARY OF STATE

14:5 W 8-330 M

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