

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
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**To:**

Division of Corporations  
 Fax Number : (850) 205-0383

**From:**

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
 Account Number : 075350000353  
 Phone : (212) 431-5000  
 Fax Number : (212) 431-1441

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 DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**CRYSTAL MANAGEMENT, LLC**

Certificate of Status	0
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Justin T. Reed  
 BlumberExcelsior  
 62 White Street  
 New York, NY 10013

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

CRYSTAL MANAGEMENT, LLC**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**44 COCONUT ROW, APARTMENT B217  
PALM BEACH, FL 33480**Mailing Address:**44 COCONUT ROW, APARTMENT B217  
PALM BEACH, FL 33480**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

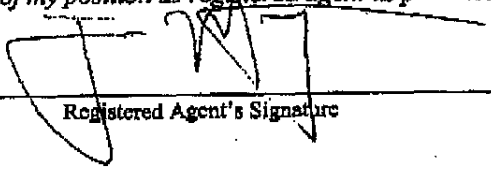
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Name

4435 OLD WINTER GARDEN ROADFlorida street address (P.O. Box **NOT** acceptable)ORLANDOFL32811

City, 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)

**ARTICLE 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

**Name and Address:**MGRBARBARA P. SHELDON44 COCONUT ROW , APARTMENT B217PALM BEACH, FL 33480ROBERT S. SHELDON44 COCONUT ROW , APARTMENT B217PALM BEACH, FL 33480

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**  
\_\_\_\_\_  
Signature of a member or an 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.)

Justin T. Reed\_\_\_\_\_  
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)**FILED  
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