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6/9/2005

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

The name of the Limited Liability Company is:

Crystal Group Holding Co., LLC**ARTICLE II - Address:**

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

Principal Office Address:8094 Oak Bluff Way
Lake Worth, FL 33467**Mailing Address:**8094 Oak Bluff Way
Lake Worth, FL 33467**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Dan Cohen

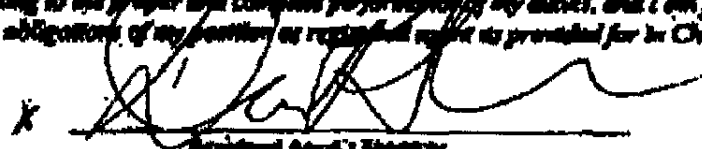
Name

8094 Oak Bluff WayFlorida street address (P.O. Box NOT acceptable)Lake Worth, FL 33467

FL

City, State, and Zip

Having been invited as registered agent and to accept service of process for the above stated limited liability company of 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.


Registered Agent's Signature

(CONTINUED)

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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:MGRMDan Cohan6094 Oak Bluff WayLake Worth, FL 33467MGRMANDREW KEAUS, JR.33 HEATHER LANENEW HYDE PARK, NY 11040MGRMARA CHAKALIANPO BOX #4GOLDENS BRIDGE, NY 10526MGRMJEFF TAYLOR4021 WINDING VALLEY DRIVESMYRNA, GA 30082

(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 signer

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA