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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

05 JUN -9 AM 10:51
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Crystal Group Holding Co., LLC

Certificate of Status	0
Certified Copy	0
Page Count	~~02~~ 3
Estimated Charge	$125.00

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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:	**Mailing Address:**
6094 Oak Bluff Way	6094 Oak Bluff Way
Lake Worth, FL 33467	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

6094 Oak Bluff Way
Florida street address (P.O. Box NOT acceptable)

Lake Worth, FL 33467 FL
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.

X
Registered Agent's Signature

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Justin T. Reed
BlumbergExcelsior Corporate Services, Inc.
62 White Street
New York, NY 10013

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:**
MGRM	Dan Cohen 6094 Oak Bluff Way Lake Worth, FL 33467
MGRM	ANDREW KEAUS, JR. 33 HEATHER LANE NEW HYDE PARK, NY 11040
MGRM	ARA CHAKALIAN PO BOX #4 GOLDENS BRIDGE, NY 10526
MGRM	JEFF TAYLOR 4021 WINDING VALLEY DRIVE SMYRNA, 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 signee

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TALLAHASSEE, FLORIDA

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)

Justin T. Reed
BlumbergExcelsior Corporate Services, Inc.
52 White Street
New York, NY 10013