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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

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DIVISION OF CORPORATIONS
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Crains Trapping LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED
LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

CRAINS TRAPPING LLC.

ARTICLE II ADDRESS

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

834 13TH AVE
NEW SMYRNA BEACH, FL 32169**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE**

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

CORY CRAIN
834 13TH AVE
NEW SMYRNA BEACH, FLORIDA 32169

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..


CORY CRAIN / Registered Agent's SignatureSECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PAGE 2 CRAINS TRAPPING LLC

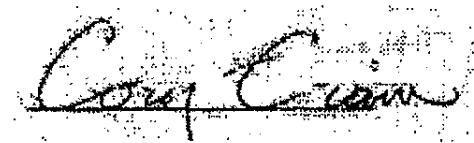
ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

ARTICLE V - MANAGER

The name and address of the manager:

CORY CRAIN
MANAGER: 834 13TH AVE
NEW SMYRNA BEACH, FLORIDA 32169



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.)

CORY CRAIN

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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