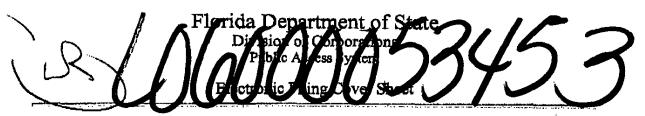
Fax:888-692-9256

May 23 2006 15:28

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To:

Division of Corporations

Fax Number

1 (850)205-0383

From:

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC. Account Name

: 075350000353 Account Number Phone Fax Number

(212)431-5000 (212) 431-1441

FLORIDA/FOREIGN LIMITED LIABILITY CO.

COLTRAIN SE, L.L.C.

Certificate of Status	0
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Page Count	02
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:		202
The mailing address and street address of the	he principal office of the Limited Liability Compa	DIVIS
Principal Office Address:	Mailing Address:	H CH
4881 BONSAI CIRCLE #107	4881 BONSAI CIRCLE #107	φ : γ 23
PALM BEACH GARDENS, FL 33418	PALM BEACH GARDENS, FL 33418	3 PM 12: 33

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

MARIO RENZULLI III

Name

4881 BONSAI CIRCLE #107

Florida street address (P.O. Box NOT acceptable)

PALM BEACH GARDENS, FL 33418

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 agentias provided for in Chapter 608, F.S..

(CONTINUED)

Page 1 of 2

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

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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:

<u> Pitle:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Memb	er
MGR	MARIO RENZULLI III
	4881 BONSAI CIRCLE #107
	PALM BEACH GARDENS, FL 33418
MGR	COLTRAIN LLC
	140 FELL COURT
	HAUPPAUGUE, NY 11714
	<u>.</u>
	
	•
(Use attachment if necessary))
NOTE: An additional artic	le must be added if an effective date is requested.
	•
REQUIRED SIGNATURE	
•	
<u></u>	
Signature of	a member of an authorized representative of a member.
of this docum	cs with section 608.408(3), Florida Statutes, the execution nent constitutes an affirmation under the penaltics of perjury stated herein are true.)
Justin T. R	bed, Organizer
	Typed or printed name of signes
•	:

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)

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