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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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FLORIDA/FOREIGN LIMITED LIABILITY CO.

COLTRAIN SE, L.L.C.

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

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Handwritten signature

5/23/2006

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COLTRAIN SE, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

4881 BONSAI CIRCLE #107
PALM BEACH GARDENS, FL 33418

Mailing Address:

4881 BONSAI CIRCLE #107
PALM BEACH GARDENS, FL 33418

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

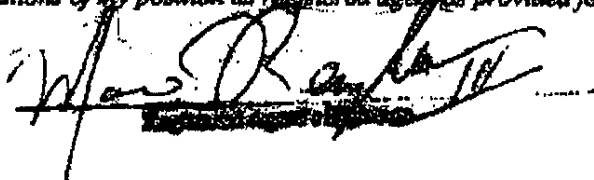
The name and the Florida street address of the registered agent are:

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 agent as provided for in Chapter 608, F.S.



(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:

MGR

MARIO RENZULLI III
4881 BONSAI CIRCLE #107
PALM BEACH GARDENS, FL 33418

MGR

COLTRAIN LLC
140 FELL COURT
HAUPPAUGUE, NY 11714

(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, Organizer

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)

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