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(City/State/Zip/Phone #)

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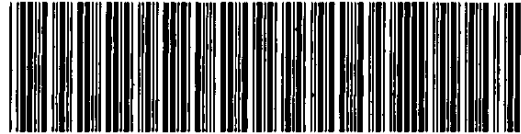
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NRC

**GLICKMAN, WITTERS AND MARELL, P.A.**

**ATTORNEYS AT LAW**

**THE CENTURION**

**SUITE 1101**

**1601 FORUM PLACE**

**WEST PALM BEACH, FLORIDA 33401**

**GARRY M. GLICKMAN**

**GURTIS L. WITTERS**

**BOARD CERTIFIED IN MARITAL AND FAMILY LAW**

**WILLIAM J. MARELL**

**ELIZABETH A. MONTGOMERY**

**CINDY A. CRAWFORD**

**TELEPHONE**

**(561) 478-1111**

**TELECOPIER**

**(561) 478-2433**

**July 2, 2007**

**Corporate Record Bureau  
Division of Corporations  
Department of State  
P. O. Box 6327  
Tallahassee, Florida 32301**

**Reference: Palm Beach Glass Specialties East, LLC**

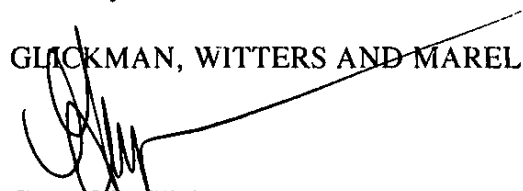
**Gentlemen:**

We are enclosing one original and a duplicate copy of the Articles of Organization for the above referenced proposed company together with a Designation of Registered Agent and Acceptance of Designation. The duplicate copy of the Articles have been subscribed and acknowledged by the subscriber in the same manner as the original.

Please endorse your approval of the Articles of Organization on the duplicate copy, certify and return it to us. Enclosed is our check in the amount of \$125.00 for the filing of these documents

Sincerely,

**GLICKMAN, WITTERS AND MARELL, P. A.**

  
**Garry M. Glickman**

**GMG:sn**

**Enclosures (as noted above)**

**ARTICLES OF ORGANIZATION  
OF  
PALM BEACH GLASS SPECIALTIES EAST, LLC**

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07 JUL -5 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

The undersigned member hereby forms a sole member limited liability company  
under the laws of the State of Florida:

**ARTICLE I**

**COMPANY NAME**

The name of this company is:

**PALM BEACH GLASS SPECIALTIES EAST, LLC**

**ARTICLE II**

**COMMENCEMENT AND TERM OF EXISTENCE**

The term of existence of the Company shall commence on the date the Articles  
of Organization is filed with the Florida Secretary of State, and shall continue  
perpetually unless dissolved as set forth hereafter.

**ARTICLE III**

**MAILING ADDRESS AND STREET ADDRESS OF THE COMPANY**

The mailing address and the street address of the principal office of the limited  
liability company is 1717 Edgar Street, Suite 100, West Palm Beach, Florida 33401.

#### ARTICLE IV

##### REGISTERED AGENT AND REGISTERED AGENT'S ADDRESS

The Registered Agent and the street address of the Registered Agent of this Company in the State of Florida shall be:

Garry M. Glickman  
1601 Forum Place, Suite 1101  
West Palm Beach, Florida 33401

#### ARTICLE V

There is one (1) member upon the initial formation of this Company. The member is:

Jodie D. Kenney  
1717 Edgar Street, Suite 100  
West Palm Beach, Florida 33401

The members shall be entitled to admit additional members upon the unanimous consent of all then current members. Any new members shall become a member upon payment of his/her contribution to the capital of the Company and upon such member's agreement to comply with the Articles of Organization, Regulations and Operating Agreement of the Company then in existence.

#### ARTICLE VI

##### DISSOLUTION

The death, retirement, resignation, expulsion, bankruptcy or dissolution of a member shall not dissolve the Company as long as there remains in existence one (1) member. The Company shall dissolve only as provided in the Operating Agreement of the Company.

## ARTICLE VII

### MANAGEMENT OF THE COMPANY

The Managing Member, Jodie D. Kenney shall be responsible for the management of the Company, and shall have the full right, power and authority to manage, direct and control all of the business and affairs of the company and to transact business on its behalf.

Notwithstanding the foregoing, the Managing Member shall have the absolute authority to subcontract any management functions of the Company in her sole and absolute discretion.

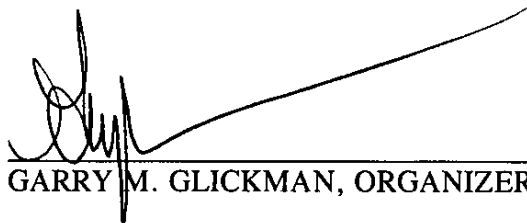
## ARTICLE VIII

### RIGHTS, LIABILITIES AND OBLIGATIONS OF MEMBERS

7.1 Liability of Members: No Member shall be personally liable for the expenses, liabilities, debts or obligations of the Company, unless otherwise provided pursuant to Florida Statute §608.

7.2 Return of Capital: No Member shall have the right to demand the return of his/her/its contribution to capital except as provided in the Company's Regulations and Operating Agreement then in existence.

IN WITNESS WHEREOF, the undersigned Member has executed the Articles of Organization, this 2 day of July, 2007.

  
\_\_\_\_\_  
GARRY M. GLICKMAN, ORGANIZER

STATE OF FLORIDA            ]  
  ] ss:  
COUNTY OF PALM BEACH    ]

The foregoing instrument was acknowledged before me this 2 of  
July, 2007, by GARRY M. GLICKMAN, Organizer of the afore-described  
Articles of Organization, who is personally known to me and did not take an oath.

NOTARY PUBLIC:

SIGN Suzette L. Novay

PRINT Suzette L. Novay

STATE OF FLORIDA AT LARGE (SEAL)  
MY COMMISSION EXPIRES:



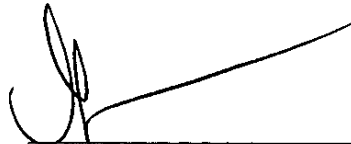
Suzette L. Novay  
My Commission D0360632  
Expires October 06, 2008

**CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR SERVICE OF PROCESS  
WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

Palm Beach Glass Specialties East, LLC, desiring to organize as a Limited Liability Company under the laws of the State of Florida with its principal office as indicated in the Articles of Organization, has named Garry M. Glickman having an address at 1601 Forum Place, Suite 1101, West Palm Beach, Florida 33401 as its agent to accept Service of Process within this State.

**ACKNOWLEDGMENT**

Having been named to accept Service of Process for the above named Limited Liability Company, at the place designated in this Certificate, I hereby agree to act in this capacity, accept the appointment, and agree to comply with the provisions of the Florida Statutes relative to keeping open said office.



Garry M. Glickman

SWORN TO AND SUBSCRIBED before me this 2 day of July, 2007.



Suzette L. Novay  
My Commission DD380632  
Expires October 06 2008

  
NOTARY PUBLIC - STATE OF FLORIDA

Name: Suzette L. Novay  
(Type, stamp or print)

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07 JUL -5 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Personally known or produced identification . If produced identification, type or identification produced: \_\_\_\_\_