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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**CRP INVESTMENT GROUP, LLC**

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**ARTICLES OF ORGANIZATION  
OF  
CRP INVESTMENT GROUP, LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I — NAME**

The name of the Limited Liability Company shall be CRP INVESTMENT GROUP, LLC ("Company").

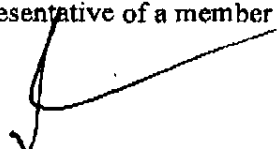
**ARTICLE II — ADDRESS**

The mailing address and street address of the principal office of the Company shall be 320 South Flamingo Road, Suite # 306, Pembroke Pines, Florida 33027.

**ARTICLE III — REGISTERED OFFICE AND AGENT**

The name and the Florida street address of the registered agent is Philip C. Rosen, Esq., 8551 W. Sunrise Blvd., Suite 208, Ft. Lauderdale, FL 33322.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an Authorized Representative of a member and acknowledged them to be my act this 10<sup>th</sup> day of October, 2008.

  
\_\_\_\_\_  
PHILIP C. ROSEN, Authorized Representative

(In accordance with section 608.408(3), Florida Statutes, the execution of this change constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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**CRP INVESTMENT GROUP, LLC**

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
\_\_\_\_\_  
PHILIP C. ROSEN  
Registered Agent

STATE OF FLORIDA  
COUNTY OF BROWARD

Sworn to and subscribed before me this 10 day of October, 2008, by PHILIP C. ROSEN, who is personally known to me or has provided his Florida driver's license as identification.

  
\_\_\_\_\_  
Notary Public

My Commission expires:

(SEAL)



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