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FLORIDA LIMITED LIABILITY CO.

Crystal Coatings Industrial LLC

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FAX AUDIT # <u>H130000162463</u>

ARTICLES OF ORGANIZATION OF Crystal Coatings Industrial LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Crystal Coatings Industrial LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 6285 N. Harbor City Blvd., Melbourne, Florida 32940.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Crystal M. Tomci, 6285 N. Harbor City Blvd., Melbourne, Florida 32940. Located in the County of Brevard.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managing members and the name and address of the member of the Limited Liability Company is:

Crystal M. Tomci, 6285 N. Harbor City Blvd., Melbourne, Florida 32940

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

WI 53717

608-827-5300

608 827 6601 P.002

Date: January 17, 2013

FAX AUDIT # <u>H130000162463</u>

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Crystal Coatings Industrial LLC

The name and address of the registered agent and office is Crystal M. Tomci, 6285 N. Harbor City Blvd., Melbourne, Florida 32940. Located in the County of Brevard.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

FAX AUDIT # H130000162463

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