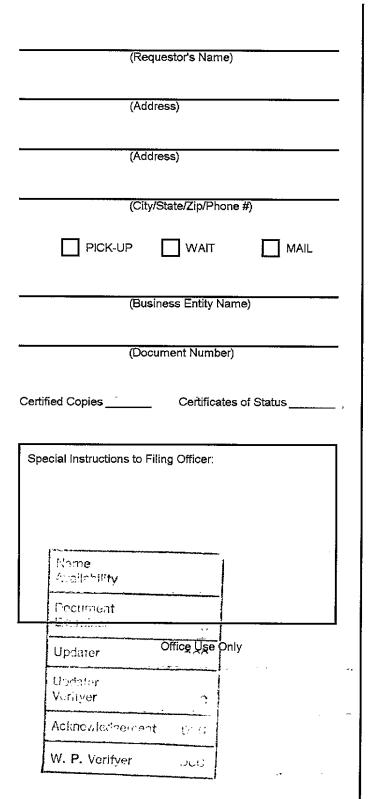
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ACCOUNT NO. : 072100000032 REFERENCE: 980235 4328337 AUTHORIZATION : COST LIMIT : \$ 160.00 ORDER DATE: March 24, 2003 ORDER TIME : 2:07 PM ORDER NO. : 980235-005 CUSTOMER NO: 4328337 CUSTOMER: Ms. Lynne Rader Cohen & Grigsby 15th Floor 11 Stanwix Street Pittsburgh, PA 15222 DOMESTIC FILING NAME: ALCAN MANAGEMENT LLC EFFECTIVE DATE: _ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Amanda Haddan - EXT. 1155 EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALCAN MANAGEMENT LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: mailing address: P.O. Box 1945, Bonita Springs, FL 34133 street address: 269 Barefoot Beach Blvd., #404, Bonita Springs, FL 34134

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

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

Cohen & Grigsby, F.C.	,.
Name	
27200 Riverview Center BIvd., Suite 309	5
Florida street address (P.O. Box NOT acceptable)	<u></u>
Bonita Springs FL 34134 芸譜	E T
City, State, and Zip	3 =
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 profisions statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Cohen & Grigsby, P.C. By: Jack W. Elliott Registered Agent's Signature	e C gofall
(An additional article must be added if an effective date is requested)	

Signature of a momber 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.)

Lynne M. Rader

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)