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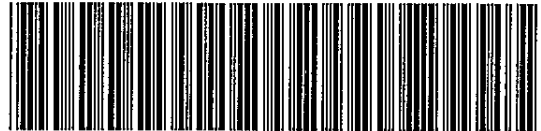
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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 980235 4328337

AUTHORIZATION :

Patricia Pizito

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

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TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: ALCAN MANAGEMENT LLC

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX 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, P.C.

Name

27200 Riverview Center Blvd., Suite 309

Florida street address (P.O. Box NOT acceptable)

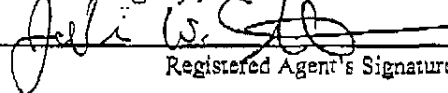
Bonita Springs FL 34134

City, State, and Zip

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

Cohen & Grigsby, P.C.

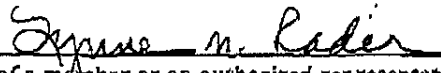
By:



Jack W. Elliott

Registered Agent's Signature

(An additional article must be added if an effective date is requested)


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.)

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)

\$ 5.00 Certificate of Status (Optional)

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