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## TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations	· · ·-	
SUBJE	CIP Casting LLC	* · · · ·	
	(Name of Limited Liability Company)		
The end	closed Articles of Organization and fee(s) are submitted for filing.		
Please r	return all correspondence concerning this matter to the following:		
	Carol J. Chrismer (Name of Person)		
	CJP Casting LLC (Firm/Company)	_	
	11814 Summer Springs Drive	95 SE	
	Riverview, Fla 33569 (City/State and Zip Code)	05 SEP -9 PM 1:16	
For furt	ther information concerning this matter, please call:	94 6	
Ca	(Name of Person) at (S13) 992-6922 or 7.  (Area Code & Daytime Telephone Number)	· · · · · · · · · · · · · · · · · · ·	
Enclos	sed is a check for the following amount:		
\$125	5.00 Filing Fee Status	s &	
	STREET ADDRESS: Registration Section Division of Corporations  109 E. Gaines Street Tallahassee, Florida 32399  Alole   Executive Centre Curcle Tallahassee, Fl. 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

uff. Thes Sept 6, 2005

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:						
CJP Casting, LLC						
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:						
Principal Office Address:  Mailing Address:						
Riverview, Fl 33569  Riverview, Fl 33569  Riverview, Fl 33569						
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:						
The name and the Florida street address of the registered agent are:						
Carol J. Chrismer						
Florida street address (P.O. Box NOT acceptable)  Riverview FL 33569  City, State, and Zip						
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 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  Registered Agent's Signature						

(CONTINUED)

Page 1 of 2

つつひししる FICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Mana	9		
"MGRM" = Ma	naging Member		
MGRM	Carol Chrismer		
	11814 Summer Springs drive	-	
	Riverview, A 33569		
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(Use attachment	if necessary)		
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NOTE: An add	litional article must be added if an effective date is requested.	50 54	_
REQUIRED SI	CNATUDE.		
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	Carl & Chrismer	OF SEP -9 PM 1:16	
	Signature of a member of an authorized representative of a member.	製品の	
	(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.)	-	
	Carol J Chrismer		
	Typed or printed name of signee	.,	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
 \$ 30.00 Certified Copy (Optional)
 \$ 5.00 Certificate of Status (Optional)