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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800)494-3124  
Fax Number : (305)675-2811

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SECRETARY OF STATE  
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

ALL AROUND ALUMINUM LLC

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED  
LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I: NAME**

The name of the Limited Liability Company is:

**ALL AROUND ALUMINUM LLC**

**ARTICLE II: Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

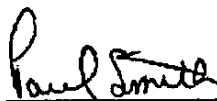
2901 SW 41ST STREET  
OCALA FL 34474

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT SIGNATURE**

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

A1A REGISTERED AGENT INC.  
92 SADBERRY ROAD  
QUINCY, FL 32351

Having been named as registered agent 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.

 Paul Smith V.P.

A1A REGISTERED AGENT INC./ Registered Agent's Signature

**ARTICLE IV: MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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ALL AROUND ALUMINUM LLC

ARTICLE V: MEMBERS (optional)

**MANAGING MEMBER:**

FLECIA BITTING  
2901 SW 41ST STREET  
OCALA FL 34474

x Felicia Bitting

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.)

FLECIA BITTING

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