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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

AluMex Industries, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul T. Marks

Name of Person.

Firm/Company

7415 S Morton Street

Address

Tampa Florida 33616

City/State and Zip Code

ptmarks41@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Marks

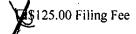
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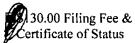
250 1252

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:





□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADDICE DE AV		
ARTICLE I - Name: The name of the Limited Liability Company	is:	•
AluMex Industries, LLC		
	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	
7415 S. Morton Street Tampa Florida 33616	7415 S Morton Street	
Tampa Florida 330 To	Tampa Florida 33616	
	Tampa Florida 500 To	
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the		individual or another
Paul T. Marks		,
Na	me	
7415 S Morton Street		
Florida street	address (P.O. Box NOT acceptable	:)
Tampa 33616	FL	
City	, State, and Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap all statutes relating to the proper and compand accept the obligations of my position as	in this certificate, I hereby according to the parties of the performance of my duties, registered agent as provided	ept the appointment as oly with the provisions of , and I am familiar with
Registered Agent's Sig	gnature (REQUIRED)	73 FEB 25 SECRETARY FALLAHASS
,		
Page 1	of2	

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

'MGR" = Manager 'MGRM" = Managing Member	
MGRM	Paul Marks
•	7415 S Morton Street
	Tampa Florida 33616
Use attachment if necessary)	
•	e date of filing: (OPTION
LE V: Effective date, if other than the	e date of filing: (OPTION.
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LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	er or an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
TE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	er or an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document

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)