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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Top to Bottom Aluminum, LUC. 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:	
Peter white	
Name of Person	
Firm/Company	
5180 Rock Dave Loop	
Address	
Lakeland, Fl 33810 City/State and Zip Code	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	• i '
E-mail address: (to be used for future annual report notification) ω ω	, ,
For further information concerning this matter, please call:	ci
Reter white at (863), 450-597 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee S130.00 Filing Fee & S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) S160.00 Filing Fee. Certified Copy (additional copy is enclosed)	
Mailing Address Street Address	
New Filing Section New Filing Section	
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			
Top to Bottom (Must end with the words "Lin	Aluminu nited Liability Compa	ny. "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limit	ed Liability Company is:	
Principal Office Address:		Mailing Addres	<u>·s</u> :
5180 Rate Due Loss Labeland, FI 33810) 		
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida registr	own Registered Agen	gent's Signature: t. You must designate an indiv	zidual or
The name and the Florida street address of the regist	ered agent are:		
Premier .	Seconless (authers of Centi	ral florida Inc
3126 Be	rante Cyndd S Rod dress (P.O. Box NOI	. 600	
<u>lakelar</u>		33803	
City	State	Zip	
Having been named as registered agent and to accept splace designated in this certificate, I hereby accept the further agree to comply with the provisions of all statut am familiar with and accept the obligations of my fosit	appointment as regist es relating to the prop	ered agent and agree to act in her and complete performance nt as provided for in Chapter 6	this capacity. I of my duties, and I
	(CONTINUED	0)	
	Page 1 of 2		17 NOV 17 AH
			17
			5

l <mark>itle:</mark> AMBR" = Authorized Member	Name and Address:
MGR" = Manager	Peter wobite
71.60 <u></u>	5180 Back Dare Loop
	Lakeland fl 33810'
V: Effective date, if other than the detrive date is listed, the date must be filing.) he date inserted in this block does no	t meet the applicable statutory filing requirements, this date will not statute as the statutory filing requirements.
V: Effective date, if other than the dective date is listed, the date must be filling.) the date inserted in this block does not be determined the date on the Department's effective date on the Department.	specific and cannot be more than tive business days prior to or 90 t meet the applicable statutory filing requirements, this date will no
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ARTICLE IV-

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