

L03000055/09

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

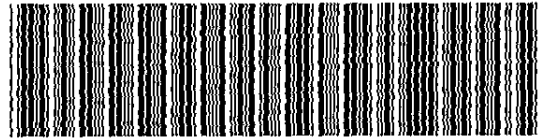
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100025294501

12/23/03--01003--018 **125.00

DIVISION OF CORPORATION

03 DEC 22 PM 4:11

RECEIVED

12/22

03 DEC 22 PM 4:25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Insulation 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:

Jason W. Mayhew
(Name of Person)

Southern Insulation
(Firm/Company)

2367 Lake Heritage Dr
(Address)

Tallahassee FL 32311
(City/State and Zip Code)

For further information concerning this matter, please call:

Jason Mayhew at (850) 509-0143
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 22 PM 4:25

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Southern Insulation LLC

ARTICLE II - Address:

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

Principal Office Address:

2367 lake Heritage Dr
Tallahassee FL 32311

Mailing Address:

Same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Jason W. Mayhann
Name

2367 lake Heritage Dr
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32311
City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 22 PM 4:25

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..

Jason W. Mayhann
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Jeffery Glean Foster
740 White Dr # 12
Tall FL 32304

MGRM

Hannie Lee Burke
8540 Lake Atkinson Dr
Tall FL 32310


MGRM

Adam A. Griffin
2367 Lake Heritage Dr
Tall FL 32311

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

Adam A. Griffin
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)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
03 DEC 22 PM 4:25