

**W4000026169**

Florida Department of State  
Division of Corporations  
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## To:

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

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
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**LIMITED LIABILITY COMPANY****NATIONAL INSULATION CONTRACTORS' EXCHANGE, LLC**

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 6, 2004

FAS-T CORP AGENTS, INC.

SUBJECT: NATIONAL INSULATION CONTRACTORS' EXCHANGE, LLC  
REF: WD4000013282

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Michelle Hodges  
Document Specialist

FAX Aud. #: H04000070808  
Letter Number: 804A00022404

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

National Insulation Contractors' Exchange, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1019 Triangle Street

Lakeland, Florida

33805

**Mailing Address:**

1019 Triangle Street

Lakeland, Florida

33805

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

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

Brian Keith Combee

Name

1019 Triangle Street


Florida street address (P.O. Box NOT acceptable)

Lakeland

FLORIDA 33805

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, Florida Statutes..*

  
Registered Agent's Signature:

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**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:**

MGR

Harold A. Kegler - Executive Director

1019 Triangle Street

Lakeland, Florida 33805

MGRM

Brian Keith Combee

1019 Triangle Street

Lakeland, Florida 33805

MGRM

Michael Delfino, Jr

1648 Locust Avenue

Bohemia, New York 11716

MGRM

Brent Dudgeon

7539 State Rt. 13 South

Belville, Ohio 44813

(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.)

Harold A. Kegler

Typed or printed name of signer

Attachment: (Additional Managing Members)

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

John Fragale  
154 Cemetery Road  
Lancaster, New York 14086

MGRM

Gerald Palmer  
6521 Quarry Road  
Manassas, Virginia 20110