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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Energy Science Insulation L.L.C.
(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:

Gregory L. Glowacki
(Name of Person)

Energy Science Insulation
(Firm/Company)

P.O. Box 2390
(Address)

Pensacola, Fl 323513
(City/State and Zip Code)

For further information concerning this matter, please call:

Gregory L. Glowacki at (337) 316-4163
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

2005 JAN -14
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 SECRETARY OF STATE
 TALLAHASSEE

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Energy Science Insulation L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

3324A N. University Ave.
Lafayette, La
70507

Mailing Address:

P.O. Box 2390
Pensacola, Fl
32513

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

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

Caleb Fontenot

Name

310 Hickory Street

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

Pensacola, Fl 32500

FL

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, F.S.

Caleb Fontenot

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:

MGR

Gregory L. Glowacki

220 Doucet Rd. Apt # 258

Lafayette, La 70503

MGR

Megan W. Glowacki

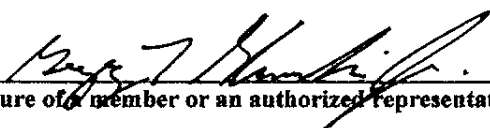
220 Doucet Rd Apt # 258

Lafayette, La 70503

(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.)

Gregory L. Glowacki Jr.

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE

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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)