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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Santa Rosa Insulation & Fireproofing, LLC

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### FAX AUDIT # +109000/48/453

# ARTICLES OF ORGANIZATION OF Santa Rosa Insulation & Fireproofing, LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Santa Rosa Insulation & Fireproofing, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 6130 NW 74 Ave, Miami, Florida 33166.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Erdio Gomez, 6130 NW 74 Ave, Miami, Florida 33166. Located in the County of DADE.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Erdio Gomez, 6130 NW 74 Ave, Miami, Florida 33166

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

Date: June 17, 2009

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(608) 827-5300

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SECRETARY OF STATE DIVISION OF CORPORATIONS

### FAX AUDIT # 169000/48/453

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Santa Rosa Insulation & Fireproofing, LLC

The name and address of the registered agent and office is Erdio Gomez, 6130 NW 74 Ave, Miami, Florida 33166. Located in the County of DADE.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature

Date: 6/19/2009

SECRETARY OF STATE DIVISION OF CORPORATIONS

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