

L 090000068933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

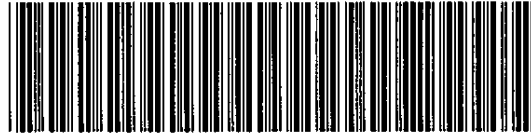
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE

7/15/04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

B. KOHR

JUL 17 2009

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Thermal Pro Insulation &
Scaffold, LLC

Thank you!
//

Signature

Requested by:

Christina 7/17 AM
Name Date Time

EFFECTIVE DATE

7/15/09

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TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval

EFFECTIVE DATE 7/15/09

ARTICLES OF ORGANIZATION FOR
THERMAL PRO INSULATION & SCAFFOLD, LLC

ARTICLE I.

NAME

The name of the Limited Liability Company is THERMAL PRO INSULATION & SCAFFOLD, LLC.

ARTICLE II.

**REGISTERED AGENT, REGISTERED OFFICE
& REGISTERED AGENT'S SIGNATURE**

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

**LAURA A. WALKER
5236 ENGLISH DRIVE
LAKELAND, FL 33813**

This will also serve as the company's principal and mailing address.

ARTICLE III.

MANAGEMENT


The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

ARTICLE IV.

EFFECTIVE DATE

The effective date of the Limited Liability Company shall be July 15, 2009.

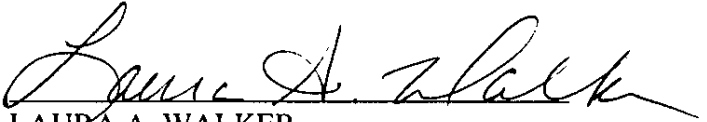
In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


LAURA A. WALKER,
Member/Manager

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE BY REGISTERED AGENT

Having been named 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.


LAURA A. WALKER,
Registered Agent