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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

L. SELLERS

APR 30 2010

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
WEATHER-TITE INSULATION, L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

10 APR 29 AM 6:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10 APR 29 AM 10:52

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY

ARTICLE I. NAME

The name of the limited liability company shall be:

Weather-Tite Insulation, L.L.C.

ARTICLE II. ADDRESS

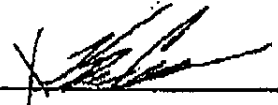
The principal place of business of this limited liability company shall be:

3802 N. Combee Rd., Lakeland, FL 33805

ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE AND
REGISTERED AGENT'S SIGNATURE:

The name and address of the registered agent and office is B. Keith Combee, 3802 N. Combee Rd., Lakeland, FL 33805.

SIGNATURE



TITLE

Member/Manager

DATE

4-28-10

Prepared by Ronald A. Brown & Associates, P.A.
P. O. Box 999, Winter Haven, FL 33882-0999

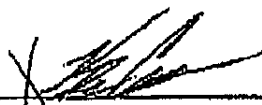
SECRETARY OF STATE
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Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325, Florida Statutes.

SIGNATURE



DATE

4-28-10

ARTICLE IV. MANAGEMENT

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

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

Title:

Name and Address:

Manager

B. Keith Combee

3802 N. Combee Rd.

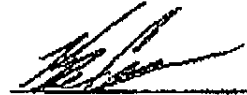
Lakeland, FL 33805

Manager

Jeff Woodman

1230 Samples Ind. Dr. Suite 600

Cumming, GA 30041



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 penalties of perjury that the facts
stated herein are true.)

B. Keith Combee

Typed or printed name of signee