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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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attorneys and counselors at law June 13, 2016

New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee FL 32314

Re: INSULADD MFG., L.L.C.

Enclosed is Cover Letter, Articles of Organization for Florida Limited Liability Company, together with a copy and this firm's check in the amount of \$130.00 covering the Filing Fee.

Thank you for your assistance in this matter.

Very yruly yours,

Michael S. Teal

MST/nae

Enc.

COVER LETTER

10;	Division of Corporations			
SUBJEC	INSULADD MFG., L.L.C.			
SOBJEC		Limited Liabili	ty Company	
The encl	osed Articles of Organization and fee(s)	are submitted	for filing.	
Please re	eturn all correspondence concerning this	matter to the f	ollowing:	
	Michael S. Teal			
		Name of	Person	
	Michael S. Teal, P.A.			
		Firm/Co	mpany	
	333 East New York Avenue, Suite A			
		Addre	ess	
	DeLand FL 32724			
	nojumbies@gmail.com	City/State and	d Zip Code	
	E-mail address: (to be us	ed for future a	nnual report notificat	ion)
For further	r information concerning this matter, ple	ase call:		
	David C. Page	321	536-1912	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed	l is a check for the following amount:			
\$125.00	Filing Fee \$\frac{1}{\sqrt{130.00}}\$\$ Filing Fee & Certificate of Status	Certific	0 Filing Fee & Ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	16 JUN 15 PM 4:0
INSULADD MFG., L.L.C.	ACT ACT ACT STORY
(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	
Principal Office Address:	Mailing Address:
3700 Willow Avenue	P. O. Box 3284
DeLand FL 32720	DeLand FL 32721-3284

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

David C. Page		
	Name	
3700 Willow Avenu	te	
Florida street addre	ss (P.O. Box NOT ac	cceptable)
DeLand	FL	32720
City	State	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 605, F.S..

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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ARTICLE IV-