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SECRETANT OF STATE
FALLAHASSEE FLORID

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Patriot Foam, LLC 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:
Steven Chamberland Name of Person
Patriot Foam, LLC Firm/Company
3511 20th Are. SW
Largo, FL 33774 City/State and Zip Code
Steve 50 legs @ Omail. Coir. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steve Chamber landar (727) 277-2252 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 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)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327:Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:				
	Etriot Foo ith the words "Limited Li		C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street add	dress of the principal offic	e of the Limited Liabili	ty Company is:		
<u>Principa</u>	l Office Address:		Mailing Address:		
3511 20 Largo, r	L 33774	3 	511 20th Av	<u>16 S</u> W 74	
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac	cannot serve as its own Re	gistered Agent. You mu		ıl or	
The name and the Florida street a	ddress of the registered ag	ent are:		Asi 😝	
		Chamber Jame 20th Ave 2.0. Box NOT acceptab	e SW	6 AUG 30 AMII: 43 ECCELLANY OF STATE LLAHASSEE FLORIDA	

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)

(CONTINUED)

Page 1 of 2

Title:	ad Manulana	Name and Address:
"AMBR" = Authoriza "MGR" = Manager	ed Member	
Wick = Manager	AMBR	Steve Chamberland
		3511 2011 Ave SW
		Largo, FL 33774
		,
	_	
		
	_	
	cessary)	
EV: Effective date, in ctive date is listed, to filing.) the date inserted in the	f other than the date of the date must be specifing this block does not meet	filing: (OPTIONAL) The and cannot be more than five business days prior to or 9 It the applicable statutory filing requirements, this date will not be the applicable statutory.
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ARTICLE IV-