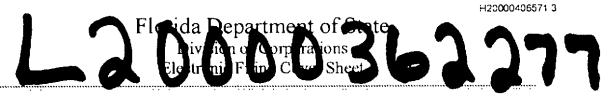
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11/25/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195

Phone : (850)521-0821 Fax Number : (850)558-1515

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

Email A	ddress:					

FLORIDA LIMITED LIABILITY CO. SUNSHINE STATE INSULATION LLC

<i>Тинанинанининаминанинининамининаминининин</i>	<u>umanamanamanamana</u>
Certificate of Status	0
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Help

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ARTICLES	DF,ORGANIZATION FOR	FLORIDALIMI	TĘD LIABIL,	TIY COMPANY	, gh	200004000770
ARTICLE I - Name: The name of the Limited Liabi	lity Company is:			120	6.	2
Sunshine State Insu						
(Must co	natin the words "Limited	Liability Compa	any, "L.L.C.	,'" or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Lim	uited Liabilit	y Company is:		
<u>Princi</u>	pal Office Address:			Mailing Ad	<u>dress</u> :	
9601 Collins Aven	ue		9601 Collin	s Avenue		<u></u>
Apt 1208			Apt 1208			
Bal Harbour, FL 33	3154		Bal Harbour	, FL 33154		
(The Limited Liability Compar another business entity with at The name and the Florida street	active Florida registratio	on.)		0		
	Corporation Service	Company				
		Name	_			
	1201 Hays Street					
	Florida street addres	s (P.O. Box <u>N</u> C	DT acceptab	le)		
	Tallahassec	FL		32301		
	City	State		Zip		
Having been named as registered place designated in this certifical further agree to comply with the am familiar with and accept the company to the company	te, I hereby accept the app provisions of all statutes r obligations of my position Corporation Serv By	ointment as reg elating to the pr as registered ag	istered agent oper and congent as provi	and agree to umplete performed ded for in Chap	ct in this cap ance of my da ter 605, F.S	acity. I ities, and I
		(CONTINUI	ED)			7:09 LUY 25
						WHH 16

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Title: "AMBR" = Au	horized Member	Name and Address:	
"MGR" = Man			
AMBR		Jacob Kloc 9601 Collins Avenue, Apt 1208	
		Bal Harbour, FL 33154	
			<u> </u>
E V: Effective ective date is li	late, if other than the date o	of filing: (OPTIO	NAL) or to or 90 days
F. V: Effective ective date is lind filing.) The date inserte	late, if other than the date of ted, the date must be spec	cific and cannot be more than five business days pri	or to or 90 days
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