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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

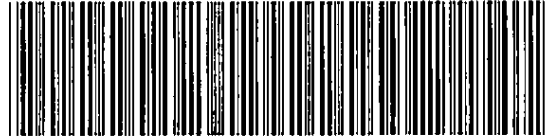
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2023 FEB 13 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FL

T. MATTHEWS

MAR - 7 2024

..... DOVER MILLER KARRAS LANGDALE & BRANTLEY

ATTORNEYS AT LAW

A PROFESSIONAL CORPORATION

J. Michael Dover
Patricia McCorvey Karras
Jackson R. Langdale
Nathanael D. Brantley
Jennifer Stakich Walker*
Charles A. Shenton IV
W. Cavan Perry
Taylor Thomas Young

701 North Patterson Street
Valdosta, Georgia 31601-4526

Willis L. Miller III
(1947-2022)

Mailing Address:
Post Office Box 729
Valdosta, Georgia 31603-0729
Telephone:
229-242-0314

*licensed in Georgia and Florida

February 12, 2024

VIA UPS TWO DAY AIR DELIVERY

Florida Department of State
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314
Attn: New Filing Section

RE: Insulation Investments LLC

To Whom It May Concern:

Please find enclosed the Cover Letter and Application of Insulation Investments LLC to be formed as a Florida entity. Also enclosed is our firm's check in the amount of \$130.00 to cover filing fees and the cost of a Certificate of Status for said entity.

Please return the Certificate of Status to our office in the enclosed self-addressed stamped envelope. If you have any questions or concerns, please do not hesitate to call me at the above number.

Sincerely,



Jennifer Stakich Walker

JSW:bt

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Insulation Investments 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:

Beth Taylor
Name of Person
Dover Miller Karras Langdale & Brantley, P.C.
Firm/Company
P. O. Box 729
Address
Valdosta, GA 31603
City/State and Zip Code
bethtaylor@dovermiller.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Taylor at (229) 242-0314
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 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 Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2023 FEB 13 PM 4:44

Insulation Investments LLC

SECRETARY OF STATE

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.") TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

279 River Plantation Road
Crawfordville, FL 32327

279 River Plantation Road
Crawfordville, FL 32327

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:

Blake Carraway
Name

279 River Plantation Road
Florida street address (P.O. Box **NOT** acceptable)

Crawfordville FL 32327
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)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR/MGR

Travis Fiveash
5901 Hall Road
Hahira, GA 31632

AMBR/MGR

Blake Carraway
279 River Plantation Road
Crawfordville, FL 32327

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Blake Carraway

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)