

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L24000430159
FILED 8:00 AM
October 07, 2024
Sec. Of State
adjohnson**

Article I

The name of the Limited Liability Company is:
COVENANT MOBILE HOME INSULATION LLC

Article II

The street address of the principal office of the Limited Liability Company is:
4132 VISTA VERDE DR
APT 14
NEW PORT RICHEY, FL. US 34655

The mailing address of the Limited Liability Company is:
4132 VISTA VERDE DR
APT 14
NEW PORT RICHEY, FL. UN 34655

Article III

The name and Florida street address of the registered agent is:
ADAM VAZQUEZ
4132 VISTA VERDE DR
APT 14
NEW PORT RICHEY, FL. 34655

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.

Registered Agent Signature: ADAM VAZQUEZ

Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR
ADAM VAZQUEZ
4132 VISTA VERDE DR APT 14
NEW PORT RICHEY, FL. 34655 US

Title: AMBR
NOWAJH FULLER
1185 S PINELLAS AVE APT 2313
TARPON SPRINGS, FL. 34689 US

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Article V

The effective date for this Limited Liability Company shall be:

10/04/2024

Signature of member or an authorized representative

Electronic Signature: ADAM VAZQUEZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.