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(Red	questor's Name)	
(Add	dress)	
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(Add	dress)	
(City	//State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bus	siness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	Filing Officer.	
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October 13, 2025

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JOSE GONZALEZ 1025 LA MIRADA CT KISSIMMEE, FL 34744 US

SUBJECT: DELTA INSULATION INC

Ref. Number: W25000141249

We have received your document for and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jazmine N Ardley Regulatory Specialist II 7:30 P3 1:39

Letter Number: 725A00023115

COVER LETTER

TO: New Filing S Division of C				
SUBJECT: DELTA	INSULATION INC			
		sulting Florida Lim	ited Co	mpany)
The enclosed Article Business Entity" into	es of Conversion, Artic o a "Florida Limited L	les of Organiza lability Compan	ion, ar y'' in a	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
JOSE GONZALEZ				
	(Contact Person)		- •	
	(Firm/Company)			
1025 LA MIRADA CT			_	
	(Address)	•	_	
KISSIMMEE, FL 3474	4			
(1	City, State and Zip Code)		_	
gonzalezjosedavid3@	gmail.com			
E-mail Address: (to b	oe used for future annual re	port notifications)	-	
For further informati	on concerning this ma	tter, please call:		
JOSE GONZALEZ		at (3085	5360
(Name of Conta	net Person)	_ \) (Day	ytime Telephone Number)
	for the following amous a bank located in the		proces	sed by this office must be payable in US
② \$150,00 Fiting Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Add	ress:		Stree	t Address:
New Filing S				Filing Section
Division of C	•		Divis	ion of Corporations
P.O. Box 632	./		The (Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

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The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045. Florida

1. 'The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
A Surrice. Tornied or incorporated under the January of FLORIDA
08/09/2023 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)
. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
If not effective on the date of filing, enter the effective date: O9/17/2025 The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after one date this document is filed by the Florida Department of State.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 17 day of September	20 <u>25</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: JOSE GONZALEZ	、 _ Title: <u>P</u>
Signature(s) on behalf of Other Business Entity:	See below for required signature(5)
Signature:	
Signature: Signature: Society Gontale?	Title: Yresi Ocat
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
DELTA INSULATION LLC	
(Must contain the words "Limited Liabilit	y Company, "E.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	: rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1025 LA MIRADA CT KISSIMMEE, FL 34744	1025 LA MIRADA CT KISSIMMEE, FL 34744
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	tered Agent. You must designate an individual or another
JOSE GOI	NZALEZ
Name	:
1025 LA MIRA	DA CT
Florida street address (P.O	· · · · · · · · · · · · · · · · · · ·
KISSIMMEE,	FL 34744
City	Zip
liability company at the place designated in registered agent and agrec to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited a this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S

(CONTINUED)

ARTICLE IV-

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

<u>Fitle:</u>	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	John Gonzalez
AMBR	1025 LA MIRADA CT
	KISSIMMEE, FL 34744
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Use attachment if necessary)	
Use attachment if necessary)	VI.c.
•	ALC.
Use attachment if necessary) LE V: Other provisions, if any.	- A1.c
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LE V: Other provisions, if any. REQUIRED SIGNATURE:	G33
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	G33
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware ment to the Department of State constitutes a third degree to