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money form

### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: COMMERCIAL INSULATION, (Name of Limit	LLC ited Liability Company)	<del></del>	
The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are su liability company to transact business in Florida			
Please return all correspondence concerning this m	natter to the following:		
LINDA LITTLEFIELD			
(Na	me of Person)		
THE LITTLEFIELD LAW G			
(Fir	m/Company)		
721 VERONA STREET			
	(Address)		
KISSIMMEE, FL 3474	1	15. 28 15. 28	
(City/St	ate and Zip Code)		
For further information concerning this matter, ple	ase call:	1335EE	***************************************
LINDA LITTLEFIELD	at ( 407 ) 933-4100		r non
(Name of Person)	(Area Code & Daytime Teleph	hone Number)	
MAILING ADDRESS:	STREET ADDRESS:	2	
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
Talianassee, TE 32314	Tallahassee, FL 32301		
Enclosed is a check for the following amount:  \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. •	O Filing Fee, Certifice of Status & Certifie	



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 16, 2005

GILBERT VASQUEZ COMMERCIAL INSULATION, LLC 323 W. NOLTE SEGUIN, TX 78155

SUBJECT: COMMERCIAL INSULATION, LLC

Ref. Number: W05000051294

We have received your document for COMMERCIAL INSULATION, LLC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$72.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You have completed the wrong form. Please see the attached form and notice the filing fees are different.

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) 245-6913.

Letter Number: 205A00067857

Diane Cushing Document Specialist

Division of Compositions D.O. DOV 6297 Well-berry Elevide 2021

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	COMMERCIAL INSULATION, LLC (Name of Foreign Limited Liability Company)
۰.,	DELAWARE  (Jurisdiction under the law of which foreign limited liability company is organized)  3. 20-6705001  (FEI number, if applicable)
4.	OCTOBER 4, 2005 (Date of Organization)  5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	3 SOUTH ORLANDO AVENUE
	KISSIMMEE, FL 34741  (Street Address of Principal Office)
8.	If limited liability company is a manager-managed company, check here
9.	The name and usual business addresses of the managing members or managers are as follows:  R. J. LITTLEFIELD, 3 SOUTH ORLANDO AVENUE, KISSIMMEE, FL 34741
the tra	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having costody of records ejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under oath of the translator must be submitted.)  TRANSACT ANY AND
	ALL LAWFUL BUSINESS .
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  R. J. LITTLEFIELD  Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE

UNDERSIGNED LIM	AITED LIABILITY COMP.	ANY SUBMITS THE FO	OLLOWING STATEMENT
TO DESIGNATE A R	REGISTERED OFFICE AN	D REGISTERED AGEN	IT IN THE STATE OF
FLORIDA.			

1.	The name of the Limited Liability Company is:
C	OMMERCIAL INSULATION. LLC

2. The name and the Florida street address of the registered agent and office are:

BRUCE GREEN	(Name)
1890 MATHIS ROAI	D
Florida Street Addre	ss (P.O. Box <u>NOT</u> ACCEPTABLE)
SAINT CLOUD	<sub>FL</sub> 34771
	City/State/Zip

Having been named as registered agent and to accept service of process for the above stated lithited 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 608, Florida Statutes?

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent **Certified Copy (optional)** \$ 30.00 5.00 **Certificate of Status (optional)** 

## Delaware

PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMMERCIAL INSULATION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF NOVEMBER, A.D. 2005.

SECRETARY OF SIMIL



Warriet Smith Windson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4269087

DATE: 11-02-05

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