Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

Estimated Charge

: (850)878-5368

0

05

\$125.00

**Enter the email address for this business entity to be used for fur

Email	Address:
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Foreign Limited Liability Company Owens Corning Insulating Systems, LLC Certificate of Status Certified Copy Page Count

D. BRUCE

AUG 26 2011

EXAMINER

COVER LETTER

TO;	Registration Section
	Division of Corporations

SUBJECT: Owens Corning Insulating Systems, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cortificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Amanda Church		
Name of Person	-	
Owens Coming		
Pirm/Company	•	
One Owens Corning Parkway		
Address	•	
Toledo, Ohio 43659		
City/State and Zip Code	' يورانولا	
amanda.church@owenscorning.com E-mail address: (to be used for future annual report notification)	E CR	 Ign-
E-mail address; (to be used for future annual report notification)	英門	
For further information concerning this matter, please call:	ARY	27
Amanda Church _{st (} 419 ₎ 248-5535	E 0	
Name of Person Area Code & Daytime Telephone Number	STAI	C 5
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations	NTE NDA	
Registration Section Registration Section P.O. Box 6327 Clifton Building		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount: [7] \$125,00 Filing Fee \$\int_{\text{S}130.00}\$ Filing Fee &\$155.00 Filing Fee &\$160.00 Filing Fee, Certified Copy of Status & Certified Copy		

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE POLICIMING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

me unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attack	h a copy of th
nt of the managers or managing members adopting the alternate name. The alternate name must include 'any," "L.L.C," "LLC,")	"Limited Liac
elaware 3, 37-1525228	
isdiction under the law of which foreign limited liability (FEI number, if applicable) apany is organized)	
7/05/2006 _{5.} perpetual	
(Date of Organization) (Duration: Year limited liability company exist or "perpetual")	will cease to
pon filing	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
ne Owens Corning Parkway	
oledo, Ohio 43659	
(Street Address of Principal Office)	~1
limited liability company is a manager-managed company, check hers	ALL.
e name and usual business addresses of the managing members or managers are as follows:	LAHAS
ne Owens Corning Parkway, Toledo, Ohio 43659	SSE
	الد تين
	ORIC

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 LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The nar	me of the Limited Liabilit	y Company is:			
Owens Corr	ning Insulating Systems, LLC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
lf unavaila	ble, the alternate to be use	ed in the state of Florida is:			
2. The nar	ne and the Florida street a	address of the registered agent and office are:	ALE		
	C T Corporation System	1	LA CA	2	777
		(Name)	HASSE	AUG 25	1244
	1200 South Pine Island	doud	— EE.F	33 20	7
	Florida S	treet Address (P.O. Box NOT ACCEPTABLE)	FLORI	C	Ċ
	Plantation	FL 33324 City/State/Zip		<u></u>	

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 608, Florida Statutes.

By: Joyce Gilbert, Asst. Secretary
(Signature)

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OWENS CORNING INSULATING SYSTEMS, 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 TWENTY-FIFTH DAY OF AUGUST, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4157245 8300

110951350

You may verify this cortificate online at corp. deleware, gov/authwar, shind

Jeffrey W. Sullock, Secretary of State

DATE: 08-25-11