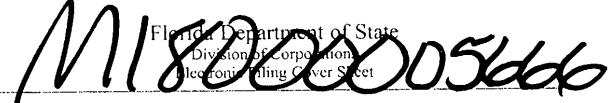
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Address:__

Foreign Limited Liability Company Gulf Coast Insulation, LLC

Certificate of Status	0
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Help

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

IN COMPILANCE WITH SECTION (05,0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

COMPANYTOTRANSACTISE	SINFSS INTHE STATE OF FLORIDA:			
1. Gulf Coast Insulation,	LLC	=11 5.500		
	Limited Liability Company; must include "Limite	ed Crabine	y Company, (1120, Or 120)	
Gulf Coast Insulation of	riorida, LLC me alopted for the purpose of transacting business in Fl	orida The a	Itemate name must include "Limited Liabi	hry Company," "L.L.C," or "L.C.")
n Deiaware				
(Juradiction under the law of wh	ich foreign firmted liability company is organized)		(Fill aumbe	r, il apphiable)
4.				<u> </u>
	(Date first transacted business in Florida, if piker to (See sections 605 0904 & 605 0905, F.S. to determ	nine penalty	t) labihty)	
5. 495 S. High Street, S	Suite 50	6.	495 S. High Street, Suite	50 (-2
	•		Columbus, OH 43215	(1)
Columbus, OH 43215)		Columbus, Orr 10210	

7. Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u>	acceptable)	
	C T Corporation System			
Name:				®
Office Address:	1200 South Pine Island Road			•
			, Florida 33324	
Registered agent's accep	(Cay)		(Zip code	•)
	and a sure of the comment exercise (a)	process	s for the above stated limited	llability company at the place
	at the second of the compaintments	AC CAUSE	tared apent and apree to act .	m tais capacity. I juitaet aktee
to comply with the provisi	ions of all statutes relative to the propu	r and co	emplete performance of my to	luties, and I am familiar with
and accept the obligation.	s of my position as registered agent.	CIC	James M. H	alpin
		_ву: ()	James M. H	etary.
	(Registered agont	'a signatu (6)		
8. The name, title or caps	acity and address of the person(s) who	has/have	authority to manage is/are:	N
Title or Capacity:	Name and Address:	<u>1</u>	litle or Capacity:	Name and Address:
Member	TCI Contracting, LLC			
_	495 South High Street, Suite 50 Columbus, OH 43215			
	_			
		_		
(Use attachments if neces	ssarv)			
9. Attached is a certificate	e of existence, no more than 90 days of of which it is organized. (If the certific	d, duly a	authenticated by the official h	aving custody of records in the
of the translator must be s		cate is ii.	ra foreigh hanguage, a hansia	mon of the certificate under char
	·			
10. This document is exe	cuted in accordance with section 605.0	203 (1) ((b), Florida Statutes. I am awa	are that any false information
submitted in a document t	to the Department of State constitutes a	inira de	gree telony as provided for it	15,017,100, F.a.
	× ()			
	— Signa	nere of an en	arhoctzed parson	
	Shelley A. McBride			
		d or printed	name of signes	

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GULF COAST 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 FIFTEENTH DAY OF JUNE, A.D. 2018.

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

6930952 8300 SR# 20185178112

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202891952

Date: 06-15-18