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Special Instructions to	Filing Officer:	
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## 47 S GOVER LETTER

TO:	Registration Section Division of Corporations			·*•			
SUBJI	Insulation Sales & Service, I	.I.C					
20031		Name of Lit	nited Liability	Company		-	
	closed "Application by Foreign Lim ice, and check are submitted to regis						
Please	return all correspondence concernin	ig this matter to the fo	llowing:				
	James Reno						
	Name of Person						
	Insulation Sales & Servi	ice, LLC					
		Firm	n/Company	_		-	
	1980 Rafe Meyer Road						
	Address						
	Baton Rouge, LA 70807	7				2	
		City/Stat	e and Zip Cod	e	-	2019 AUG	
	damon@insulationsales.n	et				AUG	
	E-mail	address: (to be used f	or future annu	al report notification)		28	121
For fur	ther information concerning this ma	itter, please call:					
	James Reno		225 at (	774-8054	1.7 1.31 1.7	AH 9: 00	الإيوان
	Name of Contac		Area Cod	e Daytime Telephor	ne Number		•
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	Enclosed is a check for the follow Please make check payable to: FI S125.00 Filing Fee \$\Bigsim\$ \$\$		\$155.0	0 Filing Fee & S10	60.00 Filing Status & Cer		

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

COMPANY TO TRANSACT BU	TION 605.0902. FLORIDA STATUTES THE STATE OF FLORIDA:  NGU ALON SALES Limited Liability Company; must include "Lie				
i	ame adopted for the purpose of transacting business in 151 ANA high foreign limited liability company is organized)		mass include "Limited Liability Cod"  72 - 0712  (FEI number, 37 apr		or TLLC.")
5. 1980 Rafe (Street Address of) BATON ROU	1 (Date first transacted business in Florida, if pric (Nee sections 605 0904 & 605,0905, F.S. to det  May let Road  Principal Office)  1 (Date first transacted business in Florida, if pric (Nee sections 605 0904 & 605,0905, F.S. to det  1 (Date first transacted business in Florida, if pric (Nee Sections 605 0904 & 605,0905, F.S. to det  1 (Date first transacted business in Florida, if pric (Nee Sections 605 0904 & 605,0905, F.S. to det  1 (Date first transacted business in Florida, if pric (Nee Sections 605 0904 & 605,0905, F.S. to det  1 (Date first transacted business in Florida, if pric (Nee Sections 605 0904 & 605,0905, F.S. to det  1 (Date first transacted business in Florida, if pric (Nee Sections 605 0904 & 605,0905, F.S. to det  1 (Date first transacted business in Florida, if pric (Nee Sections 605 0904 & 605,0905, F.S. to det  1 (Date first transacted business in Florida, if pric (Nee Sections 605 0905, F.S. to det  1 (Date first transacted business in Florida, if pric (Nee Sections 605 0905, F.S. to det  1 (Date first transacted business in Florida, if pric (Nee Sections 605 0905, F.S. to det  1 (Date first transacted business in Florida, if pric (Nee Sections 605 0905, F.S. to det  1 (Date first transacted business in Florida, if pric (Nee Sections 605 0905, F.S. to det  1 (Date first transacted business in Florida, if pric (Nee Sections 605 0905, F.S. to det  1 (Date first transacted business in Florida, if pric (Nee Sections 605 0905, F.S. to det  1 (Date first transacted business in Florida, if pric (Nee Sections 605 0905, F.S. to det  1 (Date first transacted business in Florida, if pric (Nee Sections 605 0905, F.S. to det  1 (Date first transacted business in Florida, if pric (Nee Sections 605 0905, F.S. to det  1 (Date first transacted business in Florida, if pric (Nee Sections 605 0905, F.S. to det  1 (Date first transacted business in Florida, if pric (Nee Sections 605 0905, F.S. to det  1 (Date first transacted business in Florida, if pric (Nee Sections 605 0905, F.S. to det  1 (Date first		Rate Myse (Mailing Address)	<u>Koad</u> 1. 1080	<u> </u>
7. Name and street addres  Name:  Office Address:	Robert O'Rillia 2501 Janet S Kissi Nimee	bret.			2019 AUG 28 AM 9: 00
designated in this applica to comply with the provisi	·	of process for the a t as registered agen	bove stated limited liabil tt and agree to act in this	s capacity. I	at the plac

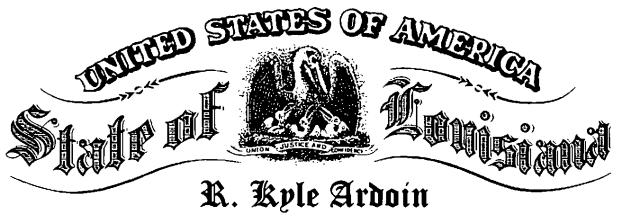
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: James Reno	Manager	Name: Robert O'Rillion
Member	Address: 14113 Eastridge Avenue	Member	Address: 2507 Janet Street
Authorized	Baton Rouge, LA 70817	Authorized	Kissimmee, FL 34741
Person		Person	
Other	Other	Other	Other
☐Manager	Name: Damon Reno	Manager	Name:
☐Member	Address: 6542 Sheffield Avenue	Member	Address:
Authorized	Baton Rouge, LA 70806	Authorized	
Person		Person	
Other	Other	Other	Other
☐Manager ☐Member	Name: Beverley Timmons-Wilson  Address: 49 Deer Lake Road	☐ Manager	Name: 2019 AU 377  Address: 28
Authorized	Natchez, MS 39120	Authorized	<u> </u>
Person		Person	- O
Other	Other	Other	. <b>.</b> .

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any 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.

James Reno



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

## **INSULATION SALES & SERVICE, L.L.C.**

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on September 27, 2005,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

August 26, 2019

L 12 fe 162 Secretary of State

Web 36021277K



Certificate ID: 11113167#2CF52

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov