M99000001523

Document	Number	Only
----------	--------	------

CT C	orporatio	n System		
Request	or's Name			•
660	East Jeff	erson St	reet	
Address	<b>.</b>			
Tall	ahassee,	FL 32301	(850)222-	1092
City	State	Zip	Phone	

500002999025--1 -09/28/99--01041--004 \*\*\*\*285.00 \*\*\*\*285.00

#### CORPORATION(S) NAME

		SE CR
	0 0 5	P VCTA
HAMSTEDAY INSULATION	N Products, LLC	
	E I	
		CNS CNS
() Profit	() Amendment	() Merger
() NonProfit	() Amendment	
Foreign	( ) Dissolution/Withdrawal	() Mark
OK LLC		() Other was Diling
() Limited Partnership	() Annual Report	() Other ucc Filing () Change of R.A.
() Reinstatement	() Reservation	( ) Fig. Name
() Continue Const	() Photo Copies	() CUS
() Certified Copy	() i noto copiet	
() Call When Ready	() Call if Problem	() After 4:30
★x Walk In	( ) Will Wait	<b>     Pick Up</b>
*(*) Mail Out		w J
Name		25
Availability <b>MJH</b>		_
Document	Pleas	e Return Extra Copies
Examiner		le Stamped To:
Updater	9/28	
Verifier	Je:	ffrey Butterfield
Acknowledgment		
ALCO Marifian	•	- <del></del>
W.P. Verifier		

CR2E031 (1-89)

### 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:

(Name of foreign limited liability company" or their abbreviations	company must end 'L.L.C." or "L.C." if	with the words "limited liability co not so contained in the name at pre	ompany" or "limited esent.)	
2 Delaware	3	23-0366390		
(Jurisdiction under the law of whe company is organized)			oplicable)	
4 August 17, 1999	5	August 17, 2029	-	
(Date of Organizati	ion)	(Duration: Year limited liability cease to exist or "perpetual")	company will	
5 upon filing				
(Date first transacte	ed business in Florid	da. (See sections 608.501, 608.502	and 817.155, F.S.)	
7. 2500 Columbia Avenue				
Lancaster, Pennsylvania 17604			·	
Lancaster, Pennsylvania 17604	(Street add	dress of principal office)	·	· · · · · · · · · · · · · · · · · · ·
R List name title and business	s address of each		onal page if necessar	vho ry)
R List name title and business	s address of each	managing member [MGRM] o	or manager [MGR] wonal page if necessar	vho
3. List name, title, and business will manage the foreign limi	s address of each ted liability comp	managing member [MGRM] copany in Florida: (attach additio	TITLE:	vho ry) —
3. List name, title, and business will manage the foreign limi  NAME & ADDRESS:	s address of each ted liability comp	managing member [MGRM] opany in Florida: (attach addition NAME & ADDRESS:	TITLE:	vho ry)
3. List name, title, and business will manage the foreign limi  NAME & ADDRESS:	s address of each ted liability comp	managing member [MGRM] opany in Florida: (attach addition NAME & ADDRESS:	TITLE:	vho
3. List name, title, and business will manage the foreign limi  NAME & ADDRESS:	s address of each ted liability comp	managing member [MGRM] opany in Florida: (attach addition NAME & ADDRESS:	TITLE:  x, PA 17604	ry) 
3. List name, title, and business will manage the foreign limi  NAME & ADDRESS:	s address of each ted liability comp	managing member [MGRM] opany in Florida: (attach addition NAME & ADDRESS:	TITLE:  or, PA 17604	ry) - - -
3. List name, title, and business will manage the foreign limi  NAME & ADDRESS:	s address of each ted liability comp	managing member [MGRM] opany in Florida: (attach addition NAME & ADDRESS:	TITLE:  21, PA 17604	DIVISION
3. List name, title, and business will manage the foreign limi  NAME & ADDRESS:	s address of each ted liability comp	managing member [MGRM] opany in Florida: (attach addition NAME & ADDRESS:	TITLE:  21, PA 17604	SECRETARY OIVISION OF CO
3. List name, title, and business will manage the foreign limi  NAME & ADDRESS:	s address of each ted liability comp	managing member [MGRM] opany in Florida: (attach addition NAME & ADDRESS:	TITLE:  TITLE:  TOTAL PARTITION  TOTAL P	SECRETARY OF CORPC
3. List name, title, and business will manage the foreign limi  NAME & ADDRESS:	s address of each ted liability comp	managing member [MGRM] opany in Florida: (attach addition NAME & ADDRESS:	TITLE:  21, PA 17604	SECRETARY OF STATE DIVISION OF CORPORATION

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign

language, a translation of the certificate under oath of the translator must be submitted.)

# State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ARMSTRONG INSULATION PRODUCTS 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-FOURTH DAY OF SEPTEMBER, A.D.
1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



dward J. Freel, Secretary of State

3084010 8300

**AUTHENTICATION:** 

9989900

991402272

DATE

09-24-99

### 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	name of the Limited Liabil	lity Company is:	
	ArmsTron	G Insulation Products, LLC	
2. The		t address of the registered agent and office are:	
		C T Corporation System	
		(Name)	
		1200 South Pine Island Road	
	Florida stree	t address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324	
		(City/State/Zip)	* ' =
liability con agent and a relating to i	npany at the place designate gree to act in this capacity. the proper and complete per of my position as registered	t and to accept service of process for the above ed in this certificate, I hereby accept the appoin I further agree to comply with the provisions of formance of my duties, and I am familiar with a d agent.	ntment as registered of all statutes
0	CR Delatto		nes e un

Filing Fee: \$35 for Designation of Registered Agent

(Signature)

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a	member of	Armstrong Insula	tion Products, LLC
	_ certifies:		
1) the above named limited liability company has at least	one member	r. '?	
2) the total amount of cash contributed by the member(s)	is		\$ hoso ;
3) if any, the agreed value of property other than cash con (A description of the property is attached and made a p	tributed by nart hereto.)	nember(s) is	\$;
and 4) the total amount of cash and property contributed and a by member(s) is (This total includes amounts from 2 and 3 above.)	anticipated to	be contributed	\$_1,000-
Signature of a member or authorize (In accordance with section 608.408(3), Flo affidavit constitutes an affirmation under the stated herein are true.)	ed represent: rida Statutes, th	ative of a memb e execution of this	er.
Joseph R. De Santo  Typed or printed r	marne of signe	w <i>agee</i>	
Lypou or primite			

Filing Fee: \$250.00 for Application and Affidavit