

P13000004950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

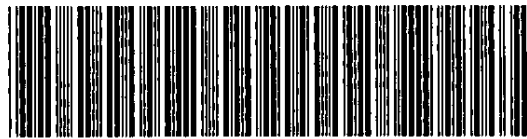
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JAN 14 AM 9:27

Ps. 1/15/13

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: **Bonded Insulation, Inc**

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: **James A. Roark**

Name (Printed or typed)

119 Key Haven Road

Address

Key West, FL 33040

City, State & Zip

305-587-1200

Daytime Telephone number

jim@BondedInsulation.org

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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DIVISION OF CORPORATIONS

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ARTICLE I NAME
The name of the corporation shall be: Bonded Insulation, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

119 Key Haven Road

Key West, FL 33040

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Spray Polyurethane Foam Insulation Services

ARTICLE IV SHARES 10001
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James A. Roark, Director & General Manager

Address: 119 Key Haven Road
Key West, FL 33040

Name and Title: Lezlie L. Roark, Director

Address: 119 Key Haven Road
Key West, FL 33040

Name and Title: Steve Fain, Director

Address: 122 Idlewild Drive
Pottsboro, TX 75076

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 JAN 14 AM 9:28

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

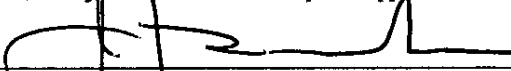
Name: James A. Roark
Address: 119 Key Haven Road
Key West, FL 33040

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James A. Roark
Address: 119 Key Haven Road
Key West, FL 33040

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

1-9-13

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

1-9-13

Date