



## OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

JANUARY 03, 2017

0599878-6

DAN J WALLACE  
8313 THOMAS RD  
ROCHESTER, IL 62563-0000

RE ENVIROFOAM OF AMERICA L.L.C.

DEAR SIR OR MADAM:

IT HAS BEEN OUR PLEASURE TO APPROVE AND PLACE ON RECORD THE ARTICLES OF ORGANIZATION THAT CREATED YOUR LIMITED LIABILITY COMPANY. WE EXTEND OUR BEST WISHES FOR SUCCESS IN YOUR NEW VENTURE.

PLEASE NOTE! THE LIMITED LIABILITY COMPANY MUST FILE AN ANNUAL REPORT PRIOR TO THE FIRST DAY OF THIS ANNIVERSARY MONTH NEXT YEAR. FAILURE TO TIMELY FILE WILL RESULT IN A \$300 PENALTY AND/OR DISSOLUTION/REVOCATION. A PRE-PRINTED ANNUAL REPORT WILL BE MAILED TO THE REGISTERED AGENT AT THE ADDRESS ON OUR RECORDS APPROXIMATELY 45 DAYS BEFORE THE DUE DATE.

FOR A LIMITED LIABILITY COMPANY THAT INTENDS TO PROVIDE CERTAIN PROFESSIONAL SERVICES FOR WHICH INDIVIDUALS ARE REQUIRED TO BE LICENSED, A CERTIFICATE OF REGISTRATION MUST BE OBTAINED FROM THE ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION.

MANY OF OUR SERVICES ARE AVAILABLE AT OUR CONTINUOUSLY UPDATED WEBSITE. VISIT [WWW.CYBERDRIVEILLINOIS.COM](http://WWW.CYBERDRIVEILLINOIS.COM) TO VIEW THE STATUS OF THIS COMPANY, PURCHASE A CERTIFICATE OF GOOD STANDING, OR EVEN FILE THE ANNUAL REPORT REFERRED TO IN THE EARLIER PARAGRAPH.

SINCERELY YOURS,

A handwritten signature in black ink that reads "Jesse White".

JESSE WHITE  
SECRETARY OF STATE  
DEPARTMENT OF BUSINESS SERVICES  
LIMITED LIABILITY DIVISION  
(217) 524-8008

Form **LLC-5.5**  
May 2012

**Secretary of State**  
Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 351  
Springfield, IL 62756  
217-524-8008  
www.cyberdriveillinois.com

Payment must be made by certified check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State.


Illinois  
Limited Liability Company Act  
**Articles of Organization**

**SUBMIT IN DUPLICATE**

Type or print clearly.

This space for use by Secretary of State.

Filing Fee: \$500

Approved: 

FILE # 0599-878-6  
This space for use by Secretary of State.

**FILED**

**JAN 03 2017**

**JESSE WHITE**  
**SECRETARY OF STATE**

1. Limited Liability Company Name: Envirofoam Of America L.L.C.  
The LLC name must contain the words Limited Liability Company, L.L.C. or LLC and cannot contain the terms Corporation, Corp., Incorporated, Inc., Ltd., Co., Limited Partnership or L.P.

2. Address of Principal Place of Business where records of the company will be kept: (P.O. Box alone or c/o is unacceptable.)  
8313 Thomas road  
Rochester Illinois 62563

3. Articles of Organization effective on: (check one)  
 the filing date  
 a later date (not to exceed 60 days after the filing date): \_\_\_\_\_ Month, Day, Year

4. Registered Agent's Name and Registered Office Address:  
Registered Agent: Dan J Wallace  
First Name Middle Initial Last Name  
Registered Office: 8313 Thomas road  
(P.O. Box alone or c/o is unacceptable.) Number Street Suite #  
Rochester IL 62563  
City ZIP Code

**Note: The registered agent must reside in Illinois. If the agent is a business entity, it must be authorized to act as agent in this state.**

5. Purpose(s) for which the Limited Liability Company is organized:  
**The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act.**  
(LLCs organized to provide professional services must list the address(es) from which those services will be rendered if different from item 2. If more space is needed, use additional sheets of this size.)  
conduct business as a insulation install service

6. The duration of the company is perpetual unless otherwise stated. If the operating agreement provides for a dissolution date, enter that date here: \_\_\_\_\_  
Month, Day, Year

LLC-5.5

7. (Optional) Other provisions for the regulation of the internal affairs of the Company: (If more space is needed, attach additional sheets of this size.)

8. The Limited Liability Company: (Check either a or b below.)
a. [X] is managed by the manager(s) (List names and addresses.)
Dan Wallace 8313 Thomas Road Rochester Illinois 62563

b. [ ] has management vested in the member(s) (List names and addresses.)

9. Name and Address of Organizer(s):

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated 01-03, 2017
Month & Day Year

1. [Signature]
Signature

Dan Wallace
Name (type or print)

President
Name if a Corporation or other Entity, and Title of Signer

1. 8313 thomas road
Number Street

Rochester
City/Town

Illinois 62563
State ZIP Code

2.
Signature

Name (type or print)

Name if a Corporation or other Entity, and Title of Signer

2.
Number Street

City/Town

State ZIP Code

Signatures must be in black ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.



<b>Transaction Result:</b>			
<b>Date/Time:</b>	Tuesday, January 3, 2017/6:44:15 AM PDT		
<b>Merchant ID:</b>	158057	<b>Amount:</b>	\$ 600.00
<b>Transaction Type:</b>	CC SALE	<b>Service Fee:</b>	\$ 14.10
<b>Response Type:</b>	A	<b>Total Amount:</b>	\$ 614.10
<b>Response Description:</b>	APPROVED		
<b>ATM Verify Result:</b>		<b>Response Code:</b>	A01
<b>Details:</b>		<b>Authorization Code:</b>	025435
<b>Trace Number:</b>	5812ED15-0A01-4FDA-9A61-B4AF8238DD2F		

<b>Payment Info:</b>	
<b>Customer Name:</b>	Danny Wallace
<b>Payment Method:</b>	Credit Card: VISA
<b>Last 4 digits:</b>	*****3941
<b>File No.:</b>	05998786-JP
<b>Wallet ID:</b>	

<b>Contact Info:</b>			
<b>Company Name:</b>	ILSOS BS LTD LIABILITY		
<b>Street Name:</b>	501 S SECOND ST RM 248		
<b>Street Name 2:</b>			
<b>City:</b>	SPRINGFIELD		
<b>State:</b>	IL	<b>Postal Code:</b>	62756
<b>Phone Number:</b>	217-782-4696	<b>Fax Number:</b>	
<b>Customer Service:</b>	866-290-5400		

Account Holder/Authorization Signature \_\_\_\_\_