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Florida Department of State  
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TALLAHASSEE, FLORIDA

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**FOREIGN PROFIT/NONPROFIT CORPORATION**

Insight Global, Inc.

|                       |         |
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

**1. Insight Global, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

Insight Global (Delaware), Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. Delaware**

(State or country under the law of which it is incorporated)

**3. \_\_\_\_\_**

(FEI number, if applicable)

**4. 03/29/2007**

(Date of incorporation)

**5. Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

**6. 04/13/2007**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 4170 Ashford Dunwoody, Suite 580, Atlanta, GA 30319**

(Principal office address)

same

(Current mailing address)

**8. IT Staffing**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

**9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: C T Corporation System

Office Address: 11200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T Corporation System

By: Kristine Heiberger

(Registered agent's signature)

**Kristine Heiberger  
Assistant Secretary**

**11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.**

**12. Names and business addresses of officers and/or directors:**

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**A. DIRECTORS** *SEE ATTACHMENT*

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Glenn Johnson

Address: 4170 Ashford Dunwoody, Suite 580

Atlanta, GA 30319

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

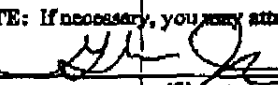
Secretary: Scott Madden

Address: 4170 Ashford Dunwoody, Suite 580, Atlanta, GA 30319

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Glenn Johnson, President

(Typed or printed name and capacity of person signing application)

**Attachment to Florida  
Officers & Directors**

- 1   **Full Name:** Brian Shortsleeve  
     **Officer/Director:** Director  
     **Officer's Title:**  
     **Director's Title:** Director  
     **Business Address:** 4170 Ashford Dunwoody, Suite 580  
     **City:** Atlanta  
     **State:** GA  
     **ZIP Code:** 30319
- 2   **Full Name:** John Black  
     **Officer/Director:** Director  
     **Officer's Title:**  
     **Director's Title:** Director  
     **Business Address:** 4170 Ashford Dunwoody, Suite 580  
     **City:** Atlanta  
     **State:** GA  
     **ZIP Code:** 30319
- 3   **Full Name:** Michael Phillips  
     **Officer/Director:** Director  
     **Officer's Title:**  
     **Director's Title:** Director  
     **Business Address:** 4170 Ashford Dunwoody, Suite 580  
     **City:** Atlanta  
     **State:** GA  
     **ZIP Code:** 30319

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SECRETARY OF STATE

# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INSIGET GLOBAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF APRIL, A.D. 2007.

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

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TALLAHASSEE, FLORIDA

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*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 5586474

DATE: 04-11-07