

# F19000001451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2019 MAR 26 PM 5:12

CLERK OF DISTRICT COURT

02/13/19--01008--029 \*\*70.00

G. PRATAL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 23, 2019

MICHAEL JOHNSON  
11801 SW CRESTWOOD CIRCLE  
PORT ST LUCIE, FL 34987

SUBJECT: INSIGHT MANAGEMENT, INC.  
Ref. Number: W19000017945

We have received your document for INSIGHT MANAGEMENT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather  
Regulatory Specialist III

Letter Number: 119A00003859

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
INSIGHT MANAGEMENT, INC.

**SUBJECT:** \_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:  
MICHAEL JOHNSON

\_\_\_\_\_  
Name of Person  
INSIGHT MANAGEMENT, INC.

\_\_\_\_\_  
Firm/Company  
11801 SW CRESTWOOD CIRCLE

\_\_\_\_\_  
Address  
PORT ST. LUCIE, FL 33987

\_\_\_\_\_  
City/State and Zip code  
MICHAELJ@GOLDENCARE.COM

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

For further information concerning this matter, please call:

MICHAEL JOHNSON      812      454-4674  
\_\_\_\_\_  
Name of Person      Area Code      Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee      ☐ \$78.75 Filing Fee & Certificate of Status      ☐ \$78.75 Filing Fee & Certified Copy      ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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.*

INSIGHT MANAGEMENT, INC.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. \_\_\_\_\_ 3. \_\_\_\_\_  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
INDIANA 31-1545304  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)  
07/10/1997 02/15/2019
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
11801 SW CRESTWOOD CIRCLE, PORT ST. LUCIE, FL 34987
7. \_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

MICHAEL JOHNSON

Name:

11801 SW CRESTWOOD CIRCLE

Office Address:

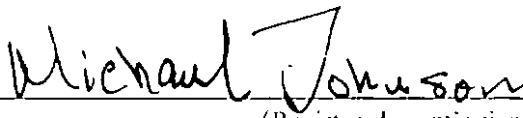
PORT ST LUCIE, FL

34987

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

9. 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.*



(Registered agent's signature)

10. 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.

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2019 MAR 26 PM 5:12  
TALLAHASSEE FL  
STATE

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

MICHAEL JOHNSON

Chairman: 11801 SW CRESTWOOD CIRCLE, PORT ST. LUCIE, FL 34987

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

MICHAEL JOHNSON

President: 11801 SW CRESTWOOD CIRCLE, PORT ST. LUCIE, FL 34987

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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

2. Michael Johnson

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes third degree felony as provided for in s.817.155, F.S.

MICHAEL JOHNSON

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

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

FILED  
2019 MAR 26 PM 5:12  
TALLAHASSEE, FL

**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**INSIGHT MANAGEMENT, INC.**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 08, 2019, and was in existence or authorized to transact business in the State of Indiana on March 19, 2019.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 19, 2019

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

201903081309539 / 2019919263

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on April 18, 2019.