

L05000112796

(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:

11/22

Office Use Only



700061431127

11-15-05 10:00 AM 11/15/05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 NOV 16 PM 4:19

APPROVED  
AND  
FILED

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Incite Management, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Benjamin Grassini  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

710 Washington Avenue # 420  
(Address)

Miami Beach, FL 33139  
(City/State and Zip Code)

For further information concerning this matter, please call:

Benjamin Grassini at (305) 606-3615  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

### MAILING ADDRESS:

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Incite Management, LLC

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

710 Washington Ave. # 420  
Miami Beach, FL 33139

710 Washington Ave  
Miami Beach, FL 33139

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Jason Klein CPA  
Name

8306 Mills Drive # 249  
Florida street address (P.O. Box NOT acceptable)

Miami, FL 33183  
FL City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

J c K  
Registered Agent's Signature

(CONTINUED)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 NOV 16 PM 4:19

APPROVED  
AND  
FILED

**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MGR

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Benjamin Grassini  
710 Washington Ave # 420  
Miami Beach, FL 33139

\_\_\_\_\_

MGR

\_\_\_\_\_

Timothy Curran  
650 NE 64th Street # G502  
Miami, FL 33138

\_\_\_\_\_

MGR

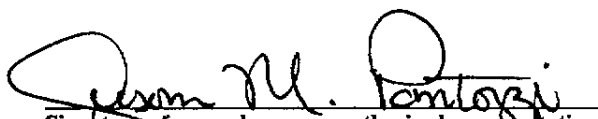
\_\_\_\_\_

Susan M. Pontorzi  
650 NE 64th Street # G502  
Miami, FL 33138

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative  
of a member.

(In accordance with section 608.408(3), Florida Statutes, the  
execution of this document constitutes an affirmation under  
the penalties of perjury that the facts stated herein are true.)

Benjamin Grassini  
Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 NOV 16 PM 4: 19

APPROVED  
AND  
FILED

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)