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### **COVER LETTER**

	Registration Section Division of Corporations
SUBJEC	r: KUMAR INSIGHT/OUT LLC (Name of Limited Liability Company)
	(Name of Limited Liability Company)
The enclose	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	arn all correspondence concerning this matter to the following:
	KRISHNA V. KUMAR
	KRISHNA V. KUMAR (Name of Person)
	(Firm/Company)
	18690 SW 24th ST (Address)
	(Address)
	MIRAMAR FL 33029
	(City/State and Zip Code)
For further	r information concerning this matter, please call:
/	(Name of Person) at (954) 438-8268 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\bigcup \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\$\$
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## 4130 106

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Lia	ability Company is:	
KUMAR	INSIGHT/OUT	LLC
(Must end with the words "Limited L	iability Company, "Limited Company	y" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and stre	eet address of the principal o	office of the Limited Liability Company is:

**ARTICLE I - Name:** 

Principal Office Address:	Mailing Address:
18690 SW 24th ST HIRAMAR FL 33029	18690 SW24 19 ST MIRAMAR FL 33029
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.    LRISHIVA V.   Name   18690 Sw 24	ered Agent. You must designate an individual or another  egistered agent are:    VUMAR
Florida street add	ress (P.O. Box NOT acceptable)

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..

Registered Agent's Signature (REQUIRED)

City, State, and Zip

(CONTINUED)
Page 1 of 2

#### ARTICLE IV- Manager(s) or Managing Member(s):

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

Name and Address:  KRISHNA V. KUMAR  18690 SW 24 M ST  MIRAMAR FL 33029  GAYATRI R. KUMAR 18690 SW 24 M ST  MIRAMAR FL 33029
18690 SW 24MST MIRAMAR FL 33029 GAYATRI R. KUMAR 18690 SW 24MST
MIRAMAR FL 33029  GAYATRI R. KUMAR 18690 SW 24451
the of filing: $4/30/06$ . (OPTION decific and cannot be more than five business d
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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.)

KRISHNA V. KUMAR
Typed or printed name of signee

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)

06 MAY -3 AN 7: 33
SECREJARY OF STATE
TAIL AHASSEF, FLORIDA