

W9000066211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

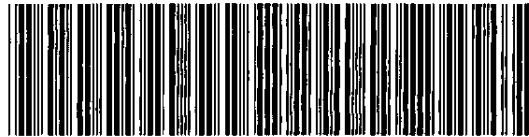
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2009 JUL -8 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JUL -9 2009

EXAMINER

July 5, 2009

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

To Whom it may concern at the Florida Department of State,

This is a request for the approval of our Articles of Organization for a Florida Limited Liability Company request.

The company name we would like to have is Insight Images LLC.

All correspondence can be made to the address and phone number listed below.

Thank You for your consideration.



Kelly Schulz  
575 Woodford Drive  
Debary, FL 32713  
(386-473-2823)

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TALLAHASSEE, FLORIDA

P.S. Enclosed is a check for \$160<sup>00</sup>

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Insight Images 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:

Kelly Schulz

Name of Person

Insight Images LLC

Firm/Company

575 Woodford Drive

Address

DeBary, FL32713

City/State and Zip Code

kellyjoyce2@yahoo.com

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

For further information concerning this matter, please call:

Kelly Schulz

Name of Person

at (

386)

473-2823

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)

**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

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TALLAHASSEE, FLORIDA

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Insight Images LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

575 Woodford Drive

DeBary, FL 32713

#### Mailing Address:

not yet established

For now - Same as  
Principal Office Address

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Kelly Schulz

Name

575 Woodford Drive

Florida street address (P.O. Box NOT acceptable)

DeBary, FL 32713

FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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.*

Kelly J. Schulz  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

MGRM

Kelly Schulz

575 Woodford Dr.  
DeBary, FL 32713

MGRM

Steve Cegielski

2838 Sun Lake Loop, Apt. 106  
Lake Mary, FL 32746

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Kelly J. Schulz

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)**

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TALLAHASSEE, FLORIDA