

LU90000 80461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

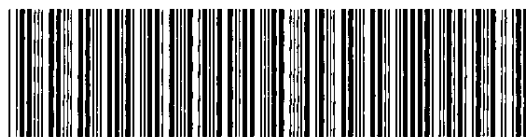
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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000159633900

08/19/09--01021--010 **155.00

RECEIVED
09 AUG 19 PM 12:38
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 8/19/09

B. KOHR

AUG 20 2009

EXAMINER

FILED
09 AUG 20 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

InSight Consulting, LLC

Thank you!

Signature

Requested by:

Christina 8/19 PM
Name Date Time

FILED
09 AUG 20 PM 4:25
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

- Art of Inc. File
- LTD Partnership File
- Foreign Corp. File
- ✓ L.C. File
- Fictitious Name File
- Trade/Service Mark
- Merger File
- Art. of Amend. File
- RA Resignation
- Dissolution / Withdrawal
- Annual Report / Reinstatement
- ✓ Cert. Copy
- Photo Copy
- Certificate of Good Standing
- Certificate of Status
- Certificate of Fictitious Name
- Corp Record Search
- Officer Search
- Fictitious Search
- Fictitious Owner Search
- Vehicle Search
- Driving Record
- UCC 1 or 3 File
- UCC 11 Search
- UCC 11 Retrieval

EFFECTIVE DATE 8/19/09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2009

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: INSIGHT CONSULTING, LLC
Ref. Number: W09000037576

EFFECTIVE DATE 8/19/09

RECEIVED

09 AUG 20 PM 4:05

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 AUG 20 PM 4:25
TALLAHASSEE, FLORIDA

We have received your document for INSIGHT CONSULTING, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name 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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 309A00028206

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

InSight Capital Group, 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:

1705 Mariner Way
Tarpon Springs, FL 34689

Mailing Address:

1705 Mariner Way
Tarpon Springs, FL 34689

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:

Frank Pinizzotto

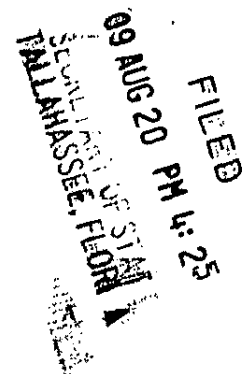
Name

1705 Mariner Way

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

Tarpon Springs, FL 34689

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.

Frank Pinizzotto

Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 8/19/09

(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

Frank Pinizzotto

1705 Mariner Way

Tarpon Springs, FL 34689

MGRM

Stephen Greenwald

103 Roy Lane

Huntingdon Valley, PA 19006

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/19/09 (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.)

Frank Pinizzotto

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)