

5/12/2010

**L10000051098**  
Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000114663 3)))



H10000114663 ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

FILED  
10 MAY 12 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email address: bruce61@yahoo.com

RECEIVED

10 MAY 12 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
Buginsight LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

H10000114665

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Buginsight 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:

981 Sabal Grove Drive

981 Sabal Grove Drive

Rockledge, FL 32955

Rockledge, FL 32955

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

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

**Debbie Farrell**

Name

**981 Sabal Grove Drive**

(P.O. Box or Mail Drop Box NOT Acceptable)

**Rockledge, FL 32955**

(City / State / Zip)

FILED  
10 MAY 12 AM 8:19  
SECRETARY OF STATE  
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.*

*Debbie Farrell*

**Registered Agent's Signature - Debbie Farrell**

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

H10000114665

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Michael B. Farrell - 981 Sabal Grove Drive, Rockledge, FL 32955

MGRM

Debbie L. Farrell - 981 Sabal Grove Drive, Rockledge, FL 32955

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
Signature of a member or 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. )

Michael B. Farrell

Typed or printed name of signer

FILED  
10 MAY 12 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA