L/20000/5627

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900223760589

03/05/12--01019--005 **25.00

2012 HAR -5 AM 9: 42
SECRETARY OF STATE
ALLAHASSEF FINERAL

J. SAULSBERRY EXAMINER MAR 7 2012

COVER LETTER

TO: Registra	ation Section n of Corporations		41			
SUBJECT:	BUS	INESS INSIGH	ITS, LLC		_	
	Nam	e of Limited Liability C	ompany		-	
Dear Sir or Mada	am:					
The enclosed Art	ticles of Correction and fee(s)	are submitted for filing	3.			
Please return all	correspondence concerning (nis matter to the followi	ng:			
	TAMERA HARKII	NS				
	Name of Person				,	
	Firm/Company			 1.		
	116 CLIFTON R	D		SECRE ALLAH	2012 HAR -5	,
	WEST PARK, FL 33	3023		TARY (
	City/State and Zip Code			OF STA	AM 9: 42	5
E-mail addr	OWELLG@BGMGCP/ress: (to be used for future and	AS.COM nual report notification)	.	TE,	\$ 2	
For further inform	nation concerning this matter	. please call:				
	AMERA HARKINS	aı (<u>954</u>) 695-8821			
	Name of Person		ode & Daytime Telephone Num		-	
STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, Flori	orations Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a che	eck for the following amoun	t:				
✓ \$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	:		

CR2E062 (08/05)

From

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

	BUSINESS INSIGHTS, LLC
SECOND:	The articles of organization or the application to transact business
_(CHEC	K.THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
ince	ttains an incorrect statement. The incorrect statement, the reason the statement is orrect, and the corrected statement are as follows: E NAME OF THE MGRM IS INCORRECT, TAMARA HARKIN SHOULD BE:
TAI	MERA HARKINS Lomera Dunking
 <u>O</u> R	
تنسفه	
Was	s defectively signed. The manner in which the document was defectively signed and appropriate correction are as follows:
Was	s defectively signed. The manner in which the document was defectively signed and appropriate correction are as follows:
Was	s defectively signed. The manner in which the document was defectively signed and appropriate correction are as follows:
Was	s defectively signed. The manner in which the document was defectively signed and appropriate correction are as follows: ACC AC
Was the	s defectively signed. The manner in which the document was defectively signed and appropriate correction are as follows:
Was the	s defectively signed. The manner in which the document was defectively signed and appropriate correction are as follows: ASSETATE ASSETATE
Was the	s defectively signed. The manner in which the document was defectively signed and appropriate correction are as follows: ACC AC
Was	s defectively signed. The manner in which the document was defectively signed and appropriate correction are as follows: ASSETATE ASSETATE
Was the	FEBRUARY 17 Signature of a member or authorized representative of a member

Electronic Articles of Organization For Florida Limited Liability Company

L12000015627 FILED 8:00 AM February 01, 2012 Sec. Of State jsaulsberry

Article I

The name of the Limited Liability Company is: BUSINESS INSIGHTS, LLC

Article II

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

116 CLIFTON RD WEST PARK, FL. FL 33023

The mailing address of the Limited Liability Company is:

116 CLIFTON RD WEST PARK, FL. FL 33023

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

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

LOWELL M GOODE 6330 SW 41 CT DAVIE, FL. 33314

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.

Registered Agent Signature: LOWELL M. GOODE

Article V

The name and address of managing members/managers are:

Title: MGRM TAMARA HARKIN 116 CLIFTON RD WEST PARK, FL. 33023 US L12000015627 FILED 8:00 AM February 01, 2012 Sec. Of State jsaulsberry

Article VI

The effective date for this Limited Liability Company shall be: 01/27/2012

Signature of member or an authorized representative of a member

Electronic Signature: TAMARA HARKIN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.