

#L13000162714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

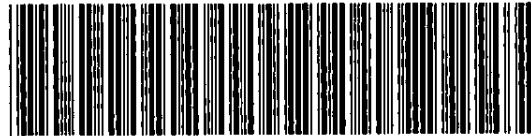
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 NOV 19 PM 4:17
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FILED
13 NOV 19 AM 11:53
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
NOV 20 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 891077 7965867

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : November 19, 2013

ORDER TIME : 3:33 PM

ORDER NO. : 891077-005

CUSTOMER NO: 7965867

DOMESTIC FILING

NAME: INSIGHT CAPITAL PARTNERS LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

(850) 245-6051

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INSIGHT CAPITAL PARTNERS LLC

Name of Limited Liability Company

The enclosed Articles of Organization and Sec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CORNIE WOOD

Name of Person

CORPORATION SERVICE COMPANY

Firm/Company

801 ADLAI STEVENSON DRIVE

Address

SPRINGFIELD, IL 62703

City/State and Zip Code

COMPLIANCE@CSCINFO.COM

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

For further information concerning this matter, please call:

CORNIE WOOD

800 927-9801

at ()

Name of Person

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INSIGHT CAPITAL PARTNERS LLC

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

ARTICLE II - Address:

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

Principal Office Address:

333 S.E. 2nd Ave.

Suite 2051

Miami, FL 33131

Mailing Address:

333 S.E. 2nd Ave.

Suite 2051

Miami, FL 33131

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

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.

Corporation Service Company

By: Cornie Wood Post Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
13 NOV 19 AM 11:53
TALLAHASSEE, FLORIDA

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

MGRM

Name and Address:

SHAHRAM M. SIDDIQUI

333 S.E. 2ND AVENUE, SUITE 2051

MIAMI, FL 33131

MGRM

MICHAEL MOGULL

333 S.E. 2ND AVENUE, SUITE 2051

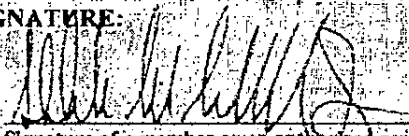
MIAMI, FL 33131

(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. I am aware that any 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.)

SHAHRAM M. SIDDIQUI

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)