L15000/76813

(Re	equestor's Name)
(Ad	ldress)	
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(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	es of Status
Special Instructions to Filing Officer:		

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 14, 2015

WINSIGHTS MARKETING, LLC 208 COMO STREET TAMPA, FL 33606

SUBJECT: WINSIGHTS MARKETING, LLC

Ref. Number: W15000060174

We have received your document for WINSIGHTS MARKETING, LLC and your check(s) totaling \$243.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above referenced entity was voluntarily dissolved. There is no provision in the Florida Statutes for reinstating a voluntarily dissolved entity. Therefore, we are returning your reinstatement along with the forms and instructions for you to form a new entity.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 615A00019281



October 1, 2015

Suzanne Hawkes Regulatory Specialist II Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Winsights Marketing LLC Filing

Suzanne:

Per your letter of September 14th, I am re-applying for LLC incorporation of Winsights Marketing LLC using the new entity forms that you provided. I have already paid \$243.75 from my previous application for reinstatement of my corporation, which was rejected because it was voluntarily dissolved (see attached Fl. Dept. of State letter). Therefore, I would like the \$130.00 fee to be deducted from that sum of money and be reimbursed the balance of \$113.75.

If you have any questions about my new LLC entity application, feel free to call me at 813-635-6013. Your timely cooperation in this matter is greatly appreciated.

Sincerely,

Kevin Janiga

Founder & President

FECENCE

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SECELATION OF THE



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 14, 2015

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Letter Number: 615A00019281

Suzanne Hawkes Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Winsights Marketing 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:		
KEVIN V. JANICA Name of Person		
WINSIAHTS MARKETINA LLC Firm/Company		
Firm/Company		
208 Como Street		
Address		
TAMPA, Florida 33606 City/State and Zip Code Kevin @ winsia4tsmktg-com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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WINSIGHTS MARKET	tina LLC Man
(Must end with the words "Limited Liability Cor	FINA, LLC JENNIA AMII: 38 Manual Man
	THE WRIDA
ARTICLE II - Address:	instead Linkility Community
The mailing address and street address of the principal office of the Li	imited Liability Company is:
Principal Office Address:	Mailing Address:
208 COMO STREET TAMPA, FL 33606	P.O. BOX 2519 DUNEDIN, FL 34697
TAMPA, FL 33606	DUNEDIN, FL 34697
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Kevin Jan Name	NICA
Name	
208 Como S	
Florida street address (P.O. Box N	OT acceptable)
Tomor	33/01

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 605, F.S..

(CONTINUED)

Page 1 of 2

Zip

Title: "AMBR" = Authorized Member	n authorized to manage and control the Limited Liability Company: Name and Address:
"MGR" = Manager	KEVIN JANIGA 208 COMO STREET TRANSA FL. 33606
MGR	TAMARA JANIGA 1107 PALM BLYD. DNEDIN, FL 34698
AMBR	TRISTA Clements 208 Como STREET TAMPA, FL 33606
	
(Use attachment if necessary)	
If an effective date is listed, the date must be he date of filing.)	date of filing: October 1, 2015. (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed ent of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	· · ·
This document is ext I am aware that any f	n member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
MEU	Typed or printed name of signee
	Filing Fees:

as

ARTICLE IV-

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)