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JUL 18 AM 10:28  
SECURITY OF STATE  
TALLAHASSEE FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Insight Energy Consultants 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:

Peter Lombardo, Esquire

Name of Person

Law Office of Peter Lombardo

Firm/Company

1101 6<sup>th</sup> Ave. W. Suite 109

Address

Bradenton, FL 34205

City/State and Zip Code

Katermasue@gmail.com

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

For further information concerning this matter, please call:

Kathleen Murne at ( 941 ) 485 2066

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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\$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

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 11, 2017

LAW OFFICE OF PETER LOMBARDO  
1101 6TH AVE W. SUITE 109  
BRADENTON, FL 34205

SUBJECT: INSIGHT ENERGY CONSULTANTS LLC  
Ref. Number: W17000056902

We have received your document for INSIGHT ENERGY CONSULTANTS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

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) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 017A00013914

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Insight Energy Consultants LLC  
(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

## ARTICLE II - Address:

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

Principal Office Address:

10737 Butgers Rd  
Jacksonville, FL 32218

Mailing Address:

10737 E. Agate Rd.  
Jacksonville, FL 32218

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Peter Lombardo  
Name  
1101 6th Ave. W. Suite 109  
Florida street address (P.O. Box NOT acceptable)  
Bradenton FL 34205  
City State 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 605, F.S.

Peter Lombardo  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

STATE OF FLORIDA  
TALLAHASSEE FLORIDA

JUL 18 AM 02:28

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Kathleen Moore

MGR

David Black

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b) Florida Statutes.  
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.

Kathleen Moore

Typed or printed name of signer

**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)

STATE OF FLORIDA  
DEPARTMENT OF STATE  
JUL 18 AM 10:20  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 07/18/2011 BY 60322  
UCBAW