Division of Corporations

# L9900003962

## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

: (850)922-4003 Fax Number

From:

: PARCORP SERVICES, LTD. Account Name

Account Number : I19990000011 : (727)576-6764 Phone

: (727)576-3863 Fax Number

## LIMITED LIABILITY COMPANY

Insight Investigations, LLC

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#### Fax Audit No. (((H99000013243 3))

#### STATE OF FLORIDA ARTICLES OF ORGANIZATION OF INSIGHT INVESTIGATIONS, LLC

Pursuant to s. 608.407, Florida Statutes.

#### ARTICLE I - Name:

The name of the Limited Liability Company is: INSIGHT INVESTIGATIONS, LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 877 EMERALD BAY DRIVE, DESTIN, FL 32541

#### ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be: Perpetual

#### ARTICLE IV - Management:

The Limited Liability Company is to be managed by a manager or managers and the name(s) and ddress(es) of such manager(s) who is/are to serve as managers are:

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

877 EMERALD BAY DRIVE, DESTIN, FL 32541 PATRICK ANDREWS

### ARTICLE V - Admission of Additional Members

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The existing members of this LLC must approve the admission of new members by a unanimous vote. Upon such approval, new members shall be accorded all rights associated with membership in this LLC

Preparer Info:

Parcorp Services, Ltd. / Michael J. Jagoda 10460 Roosevelt Blvd., Suite 284 St. Petersburg, FL 33716 Phone: 727-576-6764

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## ARTICLE VI - Members Rights to Continue Business

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company.

The unanimous approval of the remaining members of the LLC is required to continue the business of the LLC upon death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any event that terminates the continued membership of a member in this limited liability company.

## ARTICLE VII - Affidavit of Membership Contributions

The undersigned member or authorized representative of a member of Insight Investigations, LLC certifies:

1) the above named limited liability company has at least one member;	·	9 9
2) the total amount of cash contributed by the member(s) is	\$500.00;	SECR ASION
3) if any, the agreed value of property other than cash contributed and anticipated to be contributed by member(s) is (a description of the property is attached and made part hereto); and	\$;	FILED FTARY OF OF CORPC
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is	\$500.00	STATE PRATIONS 1:32
Signature of a member of authorized representative of	of a member.	e e constante e e e e e e e e e e e e e e e e e e
(In accordance with section 608.408(3), Florida Stathe execution of this affidavit constitutes an affirmathe penalties of perjury the facts stated herein are to	ation under	
Patrick J. Andrews Typed or Printed name of signee	**************************************	in the second second

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Filing Fee: \$250.00 for Articles and Affidavit

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Insight Investigations, LLC		<b>5</b>
2. The name of the Florida street address of the registered agent are:	NOT 66	SECRE
Patrick J. Andrews Name	-2 PM	OF CORFOR
877 Emerald Bay Drive Florida street address (P.O. Box NOT ACCEPTABLE)	1: 32	STATE

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 relaying to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Destin, Florida 32541
City, State and Zip

Filing Fee: \$ 35 for Designation of Registered Agent

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