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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

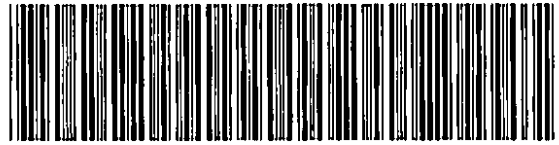
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

AUG 21 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Insight Management Partners, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Daniel L. Radel

Name of Person

Insight Management Partners, LLC

Firm/Company

681 Seneca St

Address

Buffalo, New York 14210

City/State and Zip Code

dradel@insightmp.com

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

For further information concerning this matter, please call:

Daniel L. Radel

Name of Contact Person

at (716)

Area Code

398-4131

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

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

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Insight Management Partners, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. State of New York 3. 82-4267534
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 08/20/2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 681 Seneca St 6. 681 Seneca St
(Street Address of Principal Office) (Mailing Address)
Buffalo, New York 14210 Buffalo, New York 14210

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Registered Agents Inc.
Office Address: 3030 N. Rocky Point Dr. STE 150A
Tampa, Florida 33607
(City) (Zip code)

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Registered agent's acceptance:

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

Bee Hume
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Officer</u>	<u>John C. Radel</u> <u>107 Princeton Ave</u> <u>Depew NY 14043</u>	<u>Officer</u>	<u></u> <u></u> <u></u>
<u>Officer</u>	<u>Daniel L Radel</u> <u>36 Luzerne Rd</u> <u>Tonawanda NY 14150</u>	<u>Officer</u>	<u></u> <u></u> <u></u>

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

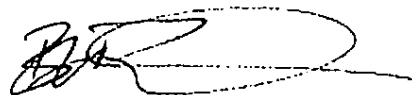
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

John C. Radel
Signature of an authorized person
John C. Radel
Typed or printed name of signer

**State of New York
Department of State } ss:**

I hereby certify, that INSIGHT MANAGEMENT PARTNERS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/01/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 30th day of July two
thousand and eighteen.*



*Brendan W. Fitzgerald
Executive Deputy Secretary of State*