

MA99000000337

Requestor's Name
P.O. Box 35341
Address
Sarasota, FL 34242
City/State/Zip Phone #

~~888882703036--8~~
~~-12/04/98-01048-006~~
~~****210.00 ****210.00~~

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

~~300002666873--8~~
~~-10/19/98-01076-005~~
~~*****75.00 *****75.00~~

~~300002666873--8~~
~~-12/04/98-01048-006~~
~~****210.00 ****210.00~~

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

99 MAR -9 PM 3:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MA99000000337

Name	_____
Availability	_____
Document	_____
Examiner	_____
Update	_____
Under	_____
Verify	_____
Acknowledgment	_____
W. P. Verifier	_____

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 9, 1998

GINA MALONEY
I.N.S. INVESTIGATIVE NETWORK SERVICES
175 WOLCOTT AVE.
WEST SPRINGFIELD, MA 01089

SUBJECT: INVESTIGATIVE NETWORK SERVICES, LLC
Ref. Number: W98000023685

We have received your document for INVESTIGATIVE NETWORK SERVICES, LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

On line 8 of the application the individual listed must be titled manager or managing member. A description of the property must be included.

The affidavit must set forth the amount of the cash and a description and the agreed value of property other than cash contributed by the members, and the amount anticipated to be contributed by the members.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 798A00058210

FILED
99 MAR -9 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

November 23, 1998

GINA MALONEY
I.N.S. INVESTIGATIVE NETWORK SERVICES
175 WOLCOTT AVE.
WEST SPRINGFIELD, MA 01089

SUBJECT: INVESTIGATIVE NETWORK SERVICES, LLC
Ref. Number: W98000023685

We have received your document for INVESTIGATIVE NETWORK SERVICES, LLC and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective April 23, 1997, the fees to qualify a foreign limited liability company total \$285.00 and breakdown as follows: \$250.00 filing fee for the application and affidavit and \$35 registered agent designation fee. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested.

You have completed the wrong application. We weren't sure until you submitted the certificate of status that indicates that this is a limited liability company. Please complete the attached form and submit the additional fee of \$210.00.

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) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 998A00056109

FILED
99 MAR -9, PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 19, 1998

GINA MALONEY
I.N.S. INVESTIGATIVE NETWORK SERVICES
175 WOLCOTT AVE.
WEST SPRINGFIELD, MA 01089

SUBJECT: I.N.S. - INVESTIGATIVE NETWORK SERVICES CORPORATION
Ref. Number: W98000023685

We have received your document for I.N.S. - INVESTIGATIVE NETWORK SERVICES CORPORATION and your check(s) totaling \$75.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6095.

Jennifer Sindt
Document Examiner

Letter Number: 698A00051564

FILED
99 MAR -9 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Investigative Network Services. L.L.C
(Name of foreign limited liability company)
2. MASSACHUSETTS
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 013560644
(FEI number, if applicable)
4. OCT 5-1998
(Date of Organization)
5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. INS- P.O. Box 35341
SARASOTA, FL. 34242
(Street address of principal office)

Registrar Agent - Charles Novak
4924 Peaceable Way
Sarasota, Fla.

8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
<u>CHARLES NOVAK</u>	<u>MANAGER OF OPERATIONS</u>		
<u>4924 PEACEABLE WAY</u>			
<u>SARASOTA, FL. 34242</u>			

FILED
99 MAR -9 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of I.N.S. -
Investigative Network Services certifies:

1) the above named limited liability company has at least one member;

2) the total amount of cash contributed by the member(s) is \$ 5,000⁰⁰;

3) if any, the agreed value of property other than cash contributed by member(s) is \$ 2000⁰⁰;
(A description of the property is attached and made a part hereto.) (COMPUTER + FAX)
and

4) the total amount of cash and property contributed and anticipated to be contributed
by member(s) is \$ 7000⁰⁰;
(This total includes amounts from 2 and 3 above.)

Charles L. Nouak

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this
affidavit constitutes an affirmation under the penalties of perjury that the facts
stated herein are true.)

CHARLES L. NOUAK

Typed or printed name of signee

99 MAR -9 PM 5:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$250.00 for Application and Affidavit

**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:

INS - Investigative Network Services

2. The name and the Florida street address of the registered agent and office are:

CHARLES NOVAK
(Name)

4924 PEACEABLE WAY

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

SALASOTA, FL 34242
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.

Charles Novak
(Signature)

Filing Fee: \$ 35 for Designation of Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAR -9 PM 5:00

FILED



The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

November 12, 1998

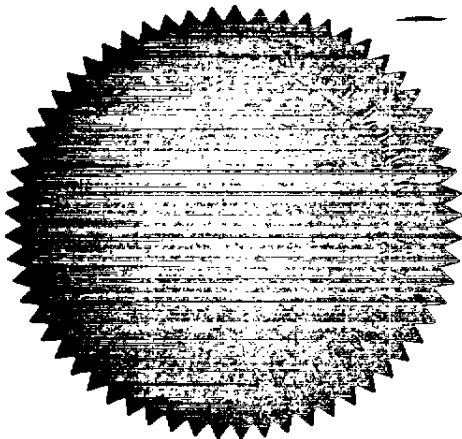
TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

INVESTIGATIVE NETWORK SERVICES, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C
on **October 21, 1998.**

I further certify that said Limited Liability Company has not filed a certificate of cancellation; and that, so far as appears of record, said Limited Liability Company has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

ALS

