

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

EFFECTIVE DATE

3-1-00

FILED
00 FEB -4 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT:

Insight Management Solutions, Inc.

(Proposed corporate name - must include suffix)

000003124500--4
-02/04/00--01082--009
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

John Coppola

Name (Printed or typed)

19046 Bruce B Downs Blvd #142

Address

Tampa FL 33647

City, State & Zip

813-910-2903

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

EFFECTIVE DATE
2-1-00

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Insight Management Solutions, Inc.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*19046 Bruce B Downs Blvd. #142
Tampa FL 33647*

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

*John Coppola
19046 Bruce B Downs Blvd. #142
TAMPA FL 33647*

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

*John Coppola
19046 Bruce B Downs Blvd. #142
TAMPA FL 33647*

John Coppola
Signature/Incorporator

2-1-2000
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation 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

John Coppola
Signature/Registered Agent

2-1-2000
Date

Article VI Effective Date

Effective Date of this registration is *2-1-00*