

-P06000012792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

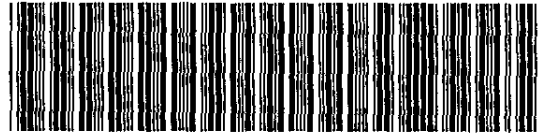
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2006 JAN 27 A 10:25

FILED

10-1024
1-30-09
W.C.

COVER LETTER

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

SUBJECT: _____

Insight, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: _____

America Gordon

Name (Printed or typed)

601 N. Main Street

Address

Williston, FL 32696

City, State & Zip

352-262-7095

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2006

AMERICA GORDON
61 N. MAIN ST.
WILLISTON, FL 32696

SUBJECT: ~~INSIGHT, INC.~~
Ref. Number: W06000001021

Insight Low-Vision products Inc

We have received your document for INSIGHT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of 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) 245-6995.

Wanda Cunningham
Document Specialist
New Filing Section

Letter Number: 806A00001706

*Hello, I Am usually
Impaired. Hye I
Completed This correctly.*

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Insight, Inc. *Insight Low-Vision Products Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

61 N. Main Street
Williston, Fl 32696

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale of prescription visual aid equipment to the visually impaired.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

America Gordon, President
12498 W. County Road 318
Williston, Fl 32696

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

America Gordon
61 N. Main Street
Williston, Fl 32696

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

America Gordon
61 N. Main Street
Williston, Fl 32696

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

America Gordon
Signature/Registered Agent

1-7-06
Date

America Gordon
Signature/Incorporator

1-7-06
Date

FILED
2006 JUN 27 A 11:25
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA