

6/18/2017

Division of Corporations

P17000052302

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

Insigneo, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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JUN 19 2017

T. SCOTT

COVER LETTER

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

SUBJECT: Insigneo, 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: Elman Law Offices, Ltd.

Name (Printed or typed)

30 N. LaSalle Street- Suite 2610

Address

Chicago, IL. 60602

City, State & Zip

312-705-2000

Daytime Telephone number

kelman@dolginlawgroup.com

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

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

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: Insigneo, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 600 Central Avenue
Suite 265
Highland Park, IL. 60035
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and all lawful business for which corporations may be incorporated in the State of Florida

17 JUN 15 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

ARTICLE IV SHARES 1,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Carlos Legaspy- President</u>	Name and Title:	<u>Lawrence M. Elman- Asst. Secretary</u>
Address	<u>600 Central Avenue</u>	Address:	<u>30 N. LaSalle Street</u>
	<u>Suite 265</u>		<u>Suite 2610</u>
	<u>Highland Park, IL. 60035</u>		<u>Chicago, IL. 60602</u>

Name and Title:	<u>Carlos Legaspy- Treasurer</u>	Name and Title:	<u>Carlos Legaspy- Director</u>
Address	<u>600 Central Avenue</u>	Address:	<u>600 Central Avenue</u>
	<u>Suite 265</u>		<u>Suite 265</u>
	<u>Highland Park, IL. 60035</u>		<u>Highland Park, IL. 60035</u>

Name and Title:	<u>Carlos Legaspy- Secretary</u>	Name and Title:	_____
Address	<u>600 Central Avenue</u>	Address:	_____
	<u>Suite 265</u>		_____
	<u>Highland Park, IL. 60035</u>		_____

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: CT Corporation System
 Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Lawrence M. Elman
 Address: 30 N. LaSalle Street- Suite 2610
Chicago, IL 60602

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

By: James M. Halpin James M. Halpin - Assistant Secretary 6/16/2017
 Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Lawrence M. Elman 6/16/17
 Required Signature/Incorporator Date