Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

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Account Number : I20020000140 : (561)844-3600 Fax Number : (561)842-4104

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

Email Address: KDO FCOHEN LAW. Com

FLORIDA PROFIT/NON PROFIT CORPORATION INSITE STUDIO, INC.

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Help

COVER LETTER

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

SUBJECT: INSITE	STUDIO, INC.		<u> </u>		
SUBJECT:	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:		
■ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of		
		ADDITIONAL CO	Status OPY REQUIRED		
					
-	TOONY TOOLIN'S EGG				
FROM:	EGORY R. COHEN, ESQ.	- (*\			
	msv.	e (Printed or typed)			
712	712 U.S. HIGHWAY ONE, SUITE 400				
	Address				
МО	RTH PALM BEACH, FL 33408				
City, State & Zip					
561	-844-3600				
	Daytime 7	Telephone number			
KD(@FCOHENLAW.COM				
	E-mail address: (to be use	ed for future annual report	notification)		

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

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE 1 NAME
The name of the corporation shall be: INSITE STUDIO, INC. ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: 712 U.S. HIGHWAY ONE, SUITE 400 SAME NORTH PALM BEACH, FL 33408 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Bryan Donahue, P, T, D Brian Terry, P. S. D. ____ Name and Title: 19960 Princewood Drive 265 Country Club Drive Address ____ Address: Tequesta, FL 33469 Jupiter, FL 33458 Name and Title:______ Name and Title:______ Address _____ Address: Name and Title: Name and Title:____ Address ______ Address:

		H18	30000 14113 3
Name a	nd Title:	Name and Title:	
Addres	ss	Address:	<u> </u>
			,
		-	1
	REGISTERED AGENT		
The name and F	Torida street address (P.O. Box NOT acceptable)		
Name:	GREGORY R. COHEN, C/O COHEN NORR		
Address:	712 U.S. HIGHWAY ONE, SUITE 400	_	1
	NORTH PALM BEACH, FL 33408	_	-
			. :
ARTICLE VII	INCORPORATOR		- -
The name and a	address of the Incorporator is:		1 ::
Name:	GREGORY R. COHEN, ESQ.		· · · · · · · · · · · · · · · · · · ·
Address:	712 U.S. HIGHWAY ONE, SUITE 400	<u>_</u>	₹ C''1
	NORTH PALM BEACH, FL 33408		
Effective date, if	EFFECTIVE DATE: fother than the date of filing: date is listed, the date must be specific and can	. (OPTIONAL) not be mure than five days pr	ior or 90 days after the
Note: If the date the document's c	e inserted in this block does not meet the applicable ffective date on the Department of State's records	e statutory filing requirements	, this date will not be listed as
	med as registered agent to accept service of proce am familiar with and accept the appointment as r		
			1/11/2018
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein ar Department of State constitutes a third degree felo		
			1/11/2018
Requ	ired signature theorporator		Date
		11,00000	(4//3.3