

P23000032319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

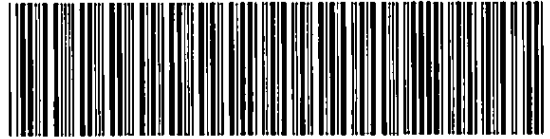
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W2300051286

Office Use Only



600404412426

RECEIVED

U.S. DEPARTMENT OF JUSTICE

SECOND DEPT. OF JUSTICE  
TALLAHASSEE, FLORIDA

23 JUN 21 PM 6:23

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 12, 2023

MICHAEL JOHNSON  
11011 SW DUNHILL CT  
PORT ST LUCIE, FL 34987 US

SUBJECT: INSIGHT MANAGEMENT, INC.  
Ref. Number: W23000051286

2023 APR 21 AM 11:11

RECEIVED

CORPORATIONS  
COMMERCIAL  
SERVICES

We have received your document for INSIGHT MANAGEMENT, INC. and your check(s) totaling \$210.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

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) 245-6052.

ARCEDRA JOHNSON  
Regulatory Specialist II

Letter Number: 523A00008208

FILED

23 MAR 21 PM 6:23

CLERK OF STATE  
TALLAHASSEE, FLORIDA

*Completed  
4/18/23  
Zhunker*

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** INSIGHT MANAGEMENT, INC

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

MICHAEL JOHNSON

Contact Person

INSIGHT MANAGEMENT, INC

Firm/Company

11011 SW DUNHILL CT

Address

PORT ST LUCIE ,FL 34987

City, State and Zip Code

michaelj@goldencare.com

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

*Phone 812-454-4674*

For further information concerning this matter, please call:

MICHAEL JOHNSON

at ( 812 ) 454-4674

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$105.00 Filing Fees    ☐ \$113.75 Filing Fees and Certificate of Status    ☐ \$113.75 Filing Fees and Certified Copy    ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**Mailing Address:**

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

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
23 MAR 21 PM 6:23  
SECRETARY OF STATE  
TALLAHASSEE, FL 32303

**Articles of Conversion**  
For  
**Converting Eligible Entity**  
Into  
**Florida Profit Corporation**

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following **eligible business entity into a Florida Profit Corporation** in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

INSIGHT MANAGEMENT, INC

Enter Name of the Converting Entity

2. The converting entity is a CORPORATION

(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

INDIANA

first organized, formed or incorporated under the laws of \_\_\_\_\_  
(Enter state, or if a non-U.S. entity, the name of the country)

on 03/08/2019

Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

INSIGHT MANAGEMENT, INC

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

02/28/2023

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**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.

FILED  
23 MAR 21 PM 6:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 15 day of MARCH, 20 23.

**Required Signature for Florida Profit Corporation:**

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

x Michael L. Johnson

Printed Name: MICHAEL JOHNSON Title: PRESIDENT

**Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies:** [See below for required signature(s)]

(Signature: Michael L. Johnson)

(Printed Name: Michael L. Johnson Title: President)

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

FILED  
23 MAR 21 PM 6:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
FOR RESULTING FLORIDA PROFIT CORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

**ARTICLE I    NAME**

The name of the corporation shall be: INSIGHT MANAGEMENT, INC

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address  
11011 SW DUNHILL CT

PORT ST LUCIE, FL 34987

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
23 MAR 2 PM 6:23  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

**ARTICLE V    OFFICERS AND/OR DIRECTORS**

Name and Title: MICHAEL JOHNSON PRESIDENT

Address: 11011 SW DUNHILL CT

PORT ST LUCIE, FL 34987

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

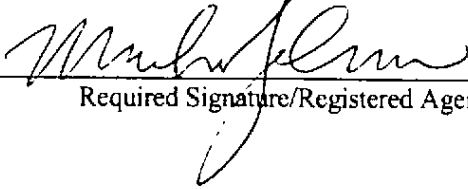
Name: MICHAEL JOHNSON

Address: 11011 SW DUNHILL CT

PORT ST LUCIE, FL 34987

\*\*\*\*\*

*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*



Required Signature/Registered Agent

03/15/2023

Date

FILED

23 MAR 21 PM 6:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA