

P98000009519

FILED
TRANSMITTAL LETTER

98 JAN 30 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

300002411413--1

-01/26/98--01042--001

*****78.75 *****78.75

ABILITY Insight, Inc.

SUBJECT:

(Proposed corporate name - must include suffix)

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

☐ \$122.50

Filing Fee
& Certified Copy

☐ \$131.25

Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

Insight, Inc.

Name (printed or typed)

236 Miracle Strip Pkwy. #B6

Address

Ft. Walton Beach, Fl. 32548

City, State & Zip

(850) 243-5906

Daytime Telephone number

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

W98 1840
P-Hall JAN 29 1998
JAN 30 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

January 27, 1998

MICHAEL STURDIVANT
236 MIRACLE STRIP PARKWAY #B-6
FT WALTON BEACH, FL 32548

SUBJECT: INSIGHT, INC.
Ref. Number: W98000001840

We have received your document for INSIGHT, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(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. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

If you have any further questions concerning your document, please call (850) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 598A00004490


1-29-98

Pamela,

Thank you for your help on the phone today. As you instructed, I have returned the articles with the corporation name amended to read: Ability Insight, Inc.

If you have any further concerns please feel free to call me at (850) 243-5906.

Thanks Again,

A handwritten signature, possibly reading "J. H. Smith", written in dark ink.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Ability Insight, Inc.

ARTICLE II PRINCIPAL OFFICE

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

236 Miracle Strip Pkwy. #B-6
Ft. Walton Beach, FL. 32548

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Michael B. Sturdivant
236 Miracle Strip Pkwy. #B-6
Ft. Walton Beach, FL. 32548

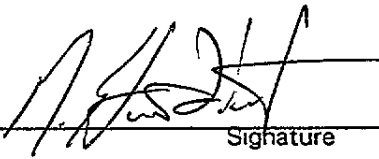
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Michael B. Sturdivant
236 Miracle Strip Pkwy. # B-6
Ft Walton Beach, FL. 32548

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22 day of January, 1998.



Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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CLERK OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Ability Insight, Inc.

2. The name and address of the registered agent and office is:

Michael B. Sturdivant

(Name)

236 Miracle Strip Pkwy. #B-6

(P.O. Box or Mail Drop Box **NOT** acceptable)

Ft. Walton Beach, FL. 32548

(City/State/Zip)

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.

M. Sturdivant
(Signature)

1-22-98
(Date)