ADMINISTRATIVE PROCEEDINGS

2/20/2018

In the Matter of

ROSALIND HERMAN, Respondent

3-17828

MAR 1 9 2018

OFFICE OF THE SECRETARY

MOTION TO DISMISS "DIVISION OF ENFORCEMENT'S REPLY
MEMORANDUM OF LAW IN SUPPORT OF ITS MOTION FOR SUMMARY
DISPOSITION AGAINST RESPONDENT ROSALIND HERMAN"

The respondent is requesting the Administrative Court to dismiss the Division of Enforcement's Reply Memorandum of Law in Support of Its Motion for Summary Disposition Against Respondent Rosalind Herman due:

- 1. To the untimely filing, as admitted by Attorney Kathleen B. Shields on page 1.
- 2. To the knowingly fraudulent activity conducted by Mr.
  Caplitz, as in her many letters and evidence previously sent
  to Administrative Law Judge Carol Fox Foelak and Attorney
  Kathleen B. Shields.

Once again, the Respondent is requesting her entire case gets dismissed due to fraud, as evidenced in Exhibit A - the annual list of managers or managing members and registered agent and state business license application of Insight onsite Strategic Management, LLC which was electronically signed on April 8, 2013; however, I wan never the registered agent and I WAS IN PRISON on April 8, 2013.

Please note: More evidence to follow.

Respectfully submitted,

## This was Fraud the DA

# INSIGHT ONSITE STRATEGIC MANAGEMENT,

Business Entity Information					
Status:	Revoked	File Date:	11/10/2008		
Туре:	Foreign Limited-Liability Company	Entity Number:	E0705252008-3		
Qualifying State:	DE	List of Officers Due:	11/30/2013		
Managed By:	·	Expiration Date:			
NV Business ID:	NV20081556280	Business License Exp:	11/30/2013		

Additional Information		
Central Index Key:		

Registered Age	nt Information I do	NOT USE	442(D)
Name:	ROSALIND D. HERMAN	Address 1:	
Address 2:		City:	LAS VEGAS
State:	NV .	Zip Code:	
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:	:	Mailing State:	
Mailing Zip Code:			
Agent Type:	Noncommercial Registered Agent		

Financial Information

No Par Share Count: 0 Capital Amount: \$ 0

No stock records found for this company

_ Officers		☐ Include Inactive Officers	
Managing Member	ROSALIND HERMAN		
Address 1:		Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:		Country:	USA
Status:	Active	Email:	

_ Actions\Amendments					
Action Type:	Application for Foreign Registra	ation			
Document Number:	20080742076-06	# of Pages:	1		
File Date:	11/10/2008	Effective Date:			

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Business Entity	Information			- 344
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Registered Ager	at Information			
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Action Type:	Miscellaneous				
Document Number:	20080742077-17	# of Pages:	1		
File Date:	11/10/2008	Effective Date:	·		
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Action Type:	Initial List				
Document Number:	20090381872-00	# of Pages:	1		
File Date:	4/30/2009	Effective Date:			
No notes for this action)					
Action Type:	Reinstatement				
Document Number:	20110164576-52	# of Pages:	1		
File Date:	2/28/2011	Effective Date:			
No notes for this action)					
Action Type:	Acceptance of Registered Agent .				
Document Number:	20110164577-63	# of Pages:	1		
File Date:	2/28/2011	Effective Date:			
No notes for this action)					
Action Type:	Annual List				
Document Number:	20120661400-12	# of Pages:	1		
File Date:	9/26/2012	Effective Date:			
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#### STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State



JEFFERY LANDERFELT

Deputy Secretary
for Commercial Recordings

OFFICE OF THE SECRETARY OF STATE

#### **Certified Copy**

April 10, 2015

Job Number:

C20150410-1553

Reference Number:

00004589404-84

Expedite:

Through Date:

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number(s)	Description	Number of Pages
20080742076-06	Application for Foreign Registration	1 Pages/1 Copies
20080742077-17	Miscellaneous	1 Pages/1 Copies
20090381872-00	Initial List	1 Pages/1 Copies
20110154576-52	Reinstatement	1 Pages/1 Copies
20110154577-63	Acceptance of Registered Agent	1 Pages/1 Copies
20120661400-12	Annual List	1 Pages/1 Copies
20130233082-04	Annual List	1 Pages/1 Copies

Certified By: A Frieser Certificate Number: C20150410-1553 You may verify this certificate

online at http://www.nvsos.gov/

Respectfully,e

BARBARA K. CEGAVSKE

Secretary of State

Commercial Recording Division 202 N. Carson Street Carson City, Nevada 89701-4201 Telephone (775) 684-5708 Fax (775) 684-7138



ROSS MILLER Secretary of State 208 North Carson Street Carson City, Nevada (778) 684 Website:

# Application for Registration of Foreign Limited-Liability Company

(PURSUANT TO NÃS 86.544)

//	Document Number 20080742076-06
Ross Miller	Filing Date and Time 11/10/2008 12:42 PM
	Entity Number . E0705252008-3

USE BLACK INK ONLY	- ро нот нюниент	ABOVE 8PAC	EIB FOR D	ffice use only
1. Name of Foreign Limited-Liabilityu Company:	Insight Onsite Strategic Management, LLCu			Check box if a Series Limited Liability Company
2. Name Being Registered with Nevada: (see	The name under which this foreign limited liability company in the liab	y proposos to register and transsc	t business i	n Navade le:
Inititions) S. Entity Domicile: (dele and state or edunity of formation)	//-07-08 Date Formed	Delawa Stata or Country o	*	n
4. Registered u Agent for Service of Process: (check only one box)	Commercial Registered Agent:  Namo Namo Noncommercial Registered Agentu (name and address below)  Rosalind D. Herman Namo of Noncommercial Registered Agent OR Namo o	Office or Position of Char Position w	(woisd 886	iy ·
	Sized Address (if different from street address) u  Making Address (if different from street address) u  In the event the above-designated Agent for Service of  u has been revoked or the agent cannot be found ar sen of State is hereby appointed as the Agent for Service o	ib oldanozam to eatmoxe rillw bay	. Ngvadi	ZIp Code  Zip Code  pant's sufficilly
6. Records Office: (see instructions)	Stradt Addrása	CHV·	Slåte.	Zio:Cóise
6. Street Address of Principal Office: (or office required to be maintained in the demicile; state by the laws of that state)	Street Address	Las Vogns City	NV State	Zip Coda
7. Name and Address of each Manager or Member: (atach additional page (frome than 4):	Namo Street Address	Läs Vegus Chy:	NV Siato	Zip Code
8. Name and Signature of Manager or Mamber:	Rosalind D. Herman Name	Authorited Significia.		<b>200</b> 00
9. Certificate of Acceptance of Appointment of u Registered Agents u	I hereby accept appointment as Registered Age  Authorities Significant Registered Agent or On Behalf	K	illy. .10/21/ Date	) <sub>8</sub>

This form must be accompanied by appropriate fees.

Verada Secretary of State NRS 88,644 FLLC Articles Revised on 7-1-08

Cut + Parls 1

I had a Regulatored agent and it was never Me It was Sadis and Goldberg - USA0022025

# Delaware

PAGE 1

The First State

Filed in the office of Document Number

20080742077-17

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Filing Date and Time

11/10/2008 12:42 PM

Ross Miller Secretary of State

Entity Number E0705252008-3

I, HARRIET SMITH WINDSOR, SECRETARY OF SIState of Nevada

DELAWARE, DO HEREBY CERTIFY "INSIGHT ONSITE STRATEGIC
MANAGEMENT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND BAS A LEGAL EXISTENCE SO
FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF
NOVEMBER, A.D. 2008.

AND I DO HEREDY FURTHER CERTIFY THAT THE SAID "INSIGHT ONSITE STRATEGIC MANAGEMENT, LLC" WAS FORMED ON THE SEVENTH DAY OF NOVEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4620677 8300

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You may vorify this certificate online

Marriet Smith Mindrey

Harriet Smith Windson, Secretary of State
AUTHENTICATION: 6957459

DATE: 11-10-08

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### ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND REGISTERED AGENT AND STATE BUSINESS LICENSE APPLICATION OF:

Insight Onsite Strategic Management, LLC NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF

November 2009

November 2010

\*\*YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov\*\*

The entity's duly appointed registered agent in the State of Navada upon whom process can be served in:

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: WWW.nvsob.gov

Filed in the office of Document Number 20110154576-52 Filing Date and Time Ross Miller 02/28/2011 2:52 PM Secretary of State Entity Number State of Nevada E0705252008-3

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS POR OFFICE USE ONLY

FILE NUMBER

NV20081556280

Relum one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.) [MPORTANT: Read instructions before completing and returning this form.

- 1. Printer type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. FORM WILL BE RETURNED IF UNSIGNED.
- 2. If there are additional managers or managing members, attach a list of them to this form.
- 3. Return completed form with the fee of \$125.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual flat received more than 90 days before its due date shall be deemed an amended flat for the previous year.
- 4. State business licenso fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- 5. Make your check payable to the Secretary of State.
- 6. Ordering Copies: If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification.

  A copy foo of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must sccompany your order.
- 7. Return the completed form to: Secretary of State, 202 North Cerson Street, Cerson City, Nevada 89701-4201, (775) 684-5708.
- 8. Form must be in the passession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due delewill be returned for additional fees and panellies. Faiture to include annual list and business license fees will result in rejection of filing.

ANNUAL LIST FILING FEE: \$125.00	LATE PENALTY: \$75.00	BUSINESS LICENSE FEE: \$200.00	LATE PENALTY: \$100.00
Complete only if applicable  Pursuant to NRS Chapter 76, this entity	is exempt from the business lice	ense fee. Exemption code:	NRS 76.020 Exemption Codes  001 - Governmental Entity  003 - Home-based Business  005 - Motion Picture Company  006 - NRS 680B.020 Insurance Co.
NAME Rosalind Herman		(DOCUMENT WILL BE REJECT MANAGER	TED IF TITLE NOT INDICATED)  MANAGING MEMBER
ADDRESS		cmy	STATE ZIP CODE
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	, <u>.</u>	MANAGER	MANAGING MEMBER
ADDRESS	•	CITY	SȚATE, ZIP CODE,
declare, to the best of my knowledge under pen eknowledge that pursuant to NRS 239.330, it is a			

Signature of Manager or Managing Member

Forged

Title

Managing Member

2/28/2011

Novada Secretary of State Annual List MenorMom Revised: 10-8-10

USAO022028





Signature of Officer

ROSS MILLER Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 584 5708 Website: www.nvsos.gov

### Registered Agent Acceptance

(PURSUANT TO NRS 77.310)

This form may be submitted by: a Commercial Registered Agent, Noncommercial Registered Agent or Represented Entity. For more information please visit http://www.nvsos.gov/business/forms/ra.asp

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Entity Number

E0705252008-3

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Certificate of Acceptance of Appointment by Reg	gistered Agent							
In the matter of Insight Onsite Strategic Management Name of Represented Business Entity								
I, Rosalind Herman  Name of Appointed Registered Agent OR Represented Entity Serving as O	e am a: wri Agent							
(complete only one)								
a) commercial registered agent listed with the Nevada Secretary	of State,							
b) 🗶 noncommercial registered agent with the following address for	r service of process:							
Las Vegas City	Nevada - Zip Code							
Mailing Address (if different from street address)  City	Nevada Zp Code							
c) represented entity accepting own service of process at the following address:								
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Title of Office or Position of Person In Represented Entity								
Street Address City	Nevada Zip Code							
Malling Address (if different from street address)  City	Nevada Zip Code							
and hereby state that on November 8, 2008   accepted the appointment as registered agent for the above named business entity.								
this	28/11							
Authorized Signature of R.A. or On Behalf of R.A. Company								
*If changing Registered Agent when reinstating, officer's signature required.								
v	restate from w							

Date

ANNUAL LIST OF MANAGERS OR MANAGING MEMBE	RS AND REGISTERED A	AGENT AND					
STATE BUSINESS LICENSE APPLICATION OF: INSIGHT ONSITE STRATEGIC MANAGEMENT, LLC	***************************************	FILENUMBER					
NAME OF LIMITED-LIABILITY COMPANY	***************************************	E0705252008-3					
2+++++++++++++++++++++++++++++++++++++		eves times timis water processings that that					
FOR THE FILING PERIOD OF 11/2011 TO 11/201	<u> </u>	1 6 1 8 1 1 1 6 8 1 1 1 6 8 8 8 9 8 9 8 9 8 9 8 9 9 9 9 9 9 9 9					
**YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov** The entity's duly appointed registered agent in the State of Nevada upon whom process can	a conndic:	*110401*					
ROSALIND D. HERMAN							
FOR SUMMER QUALLAYE.	Filed in the off	ice of Document Number 20120661400-12					
LAS VEGAS, NV 891441457	· En Me	Filing Date and Time					
	Ross Miller	09/26/2012 3:37 PM					
	Secretary of Sta						
A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvs	OS.GOV VOD.20	SECOND CONTROL OF SECOND CONTR					
USE BLACK INK ONLY - DO NOT HIGHLIGHT	•						
Return one file stamped copy. (If filing not accompanied by order instruMPORTANT: Read instructions before completing and returning this form.	coons, the stamped copy will be se	ent to registereo agem.)					
<ol> <li>Print or type names and addresses, either residence or business, for all manager or mana the form. FORM WILL BE RETURNED IF UNSIGNED.</li> </ol>	jing members. A Manager, or if none,	a Managing Member of the LLC must sign					
2. If there are additional managers or managing members, attach a list of them to this form.							
<ol> <li>Annual list fee is \$125.00. A \$75.00 ponaity must be added for failure to file this form by the deemed an amended list for the previous year.</li> </ol>		o than 90 days before its due date shall bea					
<ol> <li>State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for fails</li> <li>Make your check payable to the Secretary of State.</li> </ol>	ro to file form by deadline.						
S. Made your description to the Section of the State of the State of State	nal charge. To receive a certified copy,	enclose an additional \$60.00 per certification.					
accompany your order.	-	cpies. Approphate instructions must					
<ol> <li>Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, I</li> <li>Form must be in the possession of the Secretary of State on or before the last day of the r</li> </ol>		is not acconted as receipt date \ Forms					
roceived after due date will be returned for additional fees and penalties. Failure to include	annual list and business license fees were BUSINESS LICENSE FEE: \$200.00	ill result in rejection of filing.					
ANNUAL LIST FILING FEE: \$125.00 LATE PENALTY: \$75.00		LATE PENALTY: \$100.00 Section 7(2) Exemplion Codes					
Complete only if applicable		001 - Governmental Entity					
Pursuant to NRS, this corporation is exempt from the business license fee		002 - 501(c) Nonprofit Entity 003 - Home-based Business					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		004 - Natural Person with 4 or less					
Morth and year your State Business License expires:		rental dwelling units 005 - Motion Picture Company					
		006 - NRS 580B.020 Insurance Co.					
NAME : DOCALIND LIEDMAN	`	TED IFTITLE NOT INDICATED)					
ROSALIND HERMAN	MANAGER	MANAGING MEMBER					
ADDRESS	CITY	STATE DE					
, USA	LAS VEGAS						
NAME:	(DOCUMENT WILL BE REJEC	TED IF TITLE NOT INDICATED)					
<u></u>	MANAGER	MANAGING MEMBER					
ADDRESS	<u>CUX</u>	STATE ZIP CODE					
<u> </u>	***************************************						
MAME	(DOCUMENT WILL BE REJEC	TED IF TITLE NOT INDICATED)					
	MANAGER	MANAGING MEMBER					
ADDRESS	CITY	STATE, ZIP CODE					
	***************************************						
NAME ·	(DOCUMENT WILL BE REJEC	TED IF TITLE NOT INDICATED)					
L	MANAGER	MANAGING MEMBER					
ADDRESS	CITY	STATE ZIP CODE					
	***************************************	) L					
I dociare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has compiled with the provisions of acctions 6 to 18 of AB 146 of the 2009 session of the Novada Logislature and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forgod							
instrument for filling in the Office of the Socretary of State.	,						
X ROSALIND D HERMAN	Titlo MANAGING MEMBER	Date					
Cignature of Managaray Managing Manhay	·	9/26/2012 3:33:58 PM					

ANNUAL LIST OF MANAGERS OR MANAGING MEMB STATE BUSINESS LICENSE APPLICATION OF:	ers an	ND RE	GISTERI	ED AG	SENT AND
INSIGHT ONSITE STRATEGIC MANAGEMENT, LLC	***************************************		***************************************	·	E0705252008-3
NAME OF LIMITED-LIABILITY COMPANY					
NOV 2012					
FOR THE FILING PERIOD OF NOV, 2012 TO NOV, 2	***************************************	i			I KERI HEN BUN BIKA BANDI BIKI IDA
**YOU MAY FILE THIS FORM ONLINE AT WWW.nvsos.gov** The entity's duly appointed registered again the state of Morada upon whom process was		ie•			·o ±110405±0
ROSALIND D. HERMANO	7 GE SEIVEU	Τ.			
	į		Filed in the	<u>e</u> office	of Document Nuluber
LAS VEGAS, NV			12.00	Ma	20130233082-04 Filing Date and Timeo
	I		Ross Mille	r	04/08/2013 4:46 PM
	į		Secretary of Ne		Entity Number
A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: WWW.TN	/sos.gov	] [			E0705252008-3
USE BLACK INK ONLY - DO NOT HIGHLIGHT			190	ABO	VE SPACE IS FOR OFFICE USE ONLY
Return one file stamped copy. (If filing not accompanied by order inst	lructions, fi	ile stamp	ed copy will	be sent	to registered agent.)o
<u>(MPORTANT:</u> Read instructions before completing and returning this form.  1. Print or type names and addresses, either residence or business, for all manager or man	imam naine	hare AM	nnoger, orif	none. # N	Sensaina Member of the LLC must sinn
the form. FORM VILL BE RETURNED IF UNSIGNED.		JUIS. 17 III			
<ol> <li>If there are additional managers or managing members, attach a list of them to this form.</li> <li>Roturn completed form with the fee of \$125.00. A \$75.00 ponalty must be added for failt its due date shall be deemed an amonded list for the previous year.</li> </ol>	ure to file thi	is form by 1	tho deadline.	An ennue	ul list received more than 90 days before0
its due date shall be deemed an amondod list for the previous year.  4. Stato business licenso foo is \$200.00. Effective 2/1/2010, \$100.00 must be added for fall	ilwe to file fr	om hv des	adline.		
5. Make your check payable to the Secretary of State.					•
<ol> <li>Ordering Coptes: If requested above, one file stamped copy will be returned at no additional copy generated when ordered for each additional copy generated when ordered.</li> </ol>	iional chargo leing 2 or n	e. To rece nore file sta	sve a cortified Amped or corti	copy, end	ciose en additional \$30.00 per certification. es. Appropriate instructions must
accompany your order. 7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City.			. •	•	
8. Form must be in the possession of the Socretary of State on or before the last day of the	month in wi	hich it is d	ue. (Postmari	k date is n	not accepted as receipt date.) Forms
rocevod after duo dato will be returned for additional foos and ponatios. Falluro to inclu <u>ANNUAL LIST FILING FEE:</u> \$125.00 LATE PENALTY:\$75.00			iness licenso ( E FEE: \$200		esultin rejection of filing.0 LATE PENALTY: \$100 00
CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX E	BELOW				NRS 76.020 Exemption Codes
Pursuant to NRS Chapter 76, this entity is exempt from the business licen	sadaa Ey	vomotion	oodo: I		001 - Governmental Entity
		-			005 - Motion Picture Company 006 - NRS 6808.020 insurance Co.
NOTE: If claiming an exemption, a notarized Declaration of Eligibility for attach the Declaration of Eligibility form will result in rejection, which co				to	OUB - NAS 6006.020 (Ilsufance Co.
NAME	(D	OCUMEN	T WILL BE RI	EJECTE	O IF TITLE NOT INDICATED)
ROSALIND HERMAN	i l	MAI	VAGERO	X	MANAGING MEMBER
ADDRESS	ÇITY				STATE ZIP CODE
, USA	LAS VE	GAS			NV C
NAME	(D	OCUMEN	T WILL BE RI	EJECTE	FTITLE NOT INDICATED)
<u> </u>	.j [	MAI	NAGERO		MANAGING MEMBER
ADDRESS.	CITY				STATE ZIP CODE
	ļ	·····			
NAME	(D	OCUMEN	T WILL BE R	FIECTE	O IF TITLE NOT INDICATED)
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ADDRESS	CITY				STATE ZIP CODE
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ADORESS	CITY			ш.	STATEO ZIP CODE
					0
I declare, to the best of my knowledge under ponalty of perjury, that the above month	oned entity	hos com	plied with the	provisio	ns of NRS Chapter 76 and
acknowledge that pursuant to NRS 239,330, it is a category C felony to knowingly off State.	erany false	or forge	instrument in	for filing	in the Office of the Secretary of
Children Committee Committ	Titlo				Dato
X ROSALIND HERMAN		REGIST	TERED AGE	NT	4/8/2013 4:46:10 PM
Signature of Manager or Managing Member	***************************************			Novada S	ocrotary of Stato Annual List ManorMom
THOS NOVER The Ros	a Qu	en.	7-		USAO0220913-9-12
I was Never The Reg Sadis and Goldberg a		•			