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12/14/11

Division of Corporations

Florida Department of State  
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Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

EFFECTIVE DATE 12-14-11

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

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

Email Address: N/A

FLORIDA LIMITED LIABILITY CO.  
Inspiron Rotanda, LLC

Certificate of Status	1
Certified Copy	0
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11 DEC 14 PM 4:13  
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11 DEC 14 AM 9:32  
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B. BOSTICK  
DEC 15 2011  
EXAMINER

H11000293169

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Inspirion Rotanda, LLC**

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

16671 San Carlos Blvd., Suite 201  
Fort Myers, FL 33908

P. O. Box 3  
Franklin Park, NJ 08823

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Charles Abels Masale, CPA

Name

15671 San Carlos Blvd., Suite 201

Florida street address (P.O. Box NOT acceptable)

Fort Myers FL 33908

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S..*

*Charles Abels Masale, CPA*  
Registered Agent's Signature (REQUIRED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Arti Mural  
P. O. Box 3  
Franklin Park, NJ 08823

MGRM

Venkatesan Murali  
P. O. Box 3  
Franklin Park, NJ 08823

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: December 14, 2011 (OPTIONAL)**  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

*Charles Abels Massie, CPA*

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

**Charles Abels Massie, CPA**

Typed or printed name of signer

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