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12/14/11

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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Account Name : HUBCO
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EFFECTIVE DATE 12-14-11

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
Page Count	02
Estimated Charge	\$130.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA
STATE

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:

15671 San Carlos Blvd., Suite 201
Fort Myers, FL 33908

Mailing Address:

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 Massele, 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 Massele, 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:

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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