L14000162098

(Red	questor's Name)	-
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
· (Bus	siness Entity Nam	e)
(Doo	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
		}

Office Use Only



800264354558

DEPARTMENT OF STATE

THURLDARY OF STATE

OCT 1 7 2014

T RROWN



EN SERVICE COMPANY		*	•
AC	CCOUNT NO. : 12000	0000195	
	REFERENCE : 33977	7289394	
AUT	ORIZATION :	Sol and	
(COST LIMIT : \$165	Ole man	
ORDER DATE : C	October 16, 2014		
ORDER TIME :	1:25 PM		
ORDER NO. : 3	39777-055		
CUSTOMER NO:	7289394		
	DOMESTIC FILING		
NAME:	SPOTFN.COM, LLC		once complete send to apostille
			send to apostille
	EFFECTIVE DATE:		please -
CERTIFIC	OF INCORPORATION ATE OF LIMITED PART OF ORGANIZATION	NERSHIP	
PLEASE RETURN T	HE FOLLOWING AS PRO	OF OF FILING	:
	ED COPY TAMPED COPY CATE OF GOOD STANDI	NG	
CONTACT PERSON:	Courtney Williams	- EXT. 6293	5
	EXAM	INER'S INITI	ALS:

COVER LETTER

TO: Registration Section Division of Corporations
SPOTFN.COM, LLC
SUBJECT:Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mark S. Scott, Esq.
Name of Person
ARNSTEIN & LEHR LLP
Firm/Company
200 South Biscayne Boulevard, Suite 3600
Address
200 South Biscayne Boulevard, Suite 3600
City/State and Zip Code
msscott@arnstein.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mark S. Scott , Esq. 305 428-4500
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S155.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\subseteq \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Co
Majling Address Registration Section Registration Section

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

		OR FLORIDA LIMITED LIABILITY COMPANY (3. 9	107 16 T
ARTICLE I - Nam	e: nited Liability Company is:		- 4
The name of the Lin	nited Elabinty Company is.	To the second se	O,
SPOTEN.COM, LI	LC		
		nited Liability Company, "L.L.C.," or "LLC.")	ريم. ري
ARTICLE II - Add	ress:		
		oal office of the Limited Liability Company is:	7
Principal Office Ad	ldress: M	Tailing Address:	
110 E Broward Bl	vd, Suite 1900	110 E Broward Blvd, Suite 1900	
110 E Broward Bl		110 E Broward Blvd, Suite 1900 Fort Lauderdale, FL 33301	
Fort Lauderdale, F	L 33301 gistered Agent, Registered Off	Fort Lauderdale, FL 33301 ice, & Registered Agent's Signature:	
Fort Lauderdale, F ARTICLE III - Rep (The Limited Liabili	L 33301 gistered Agent, Registered Off	Fort Lauderdale, FL 33301 ice, & Registered Agent's Signature: own Registered Agent. You must designate an individual or	
ARTICLE III - Ret (The Limited Liability another business en	gistered Agent, Registered Off ty Company cannot serve as its	Fort Lauderdale, FL 33301 ice, & Registered Agent's Signature: own Registered Agent. You must designate an individual or ration.)	
ARTICLE III - Ret (The Limited Liability another business en	gistered Agent, Registered Off ty Company cannot serve as its tity with an active Florida registr	Fort Lauderdale, FL 33301 ice, & Registered Agent's Signature: own Registered Agent. You must designate an individual or ration.) ered agent are:	
ARTICLE III - Ret (The Limited Liability another business en	gistered Agent, Registered Off ty Company cannot serve as its tity with an active Florida registr orida street address of the regist ARNSTEIN & LEHR LLP	Fort Lauderdale, FL 33301 ice, & Registered Agent's Signature: own Registered Agent. You must designate an individual or ration.) ered agent are:	
ARTICLE III - Ret (The Limited Liability another business en	gistered Agent, Registered Off ty Company cannot serve as its tity with an active Florida registr orida street address of the regist ARNSTEIN & LEHR LLP	Fort Lauderdale, FL 33301 lice, & Registered Agent's Signature: own Registered Agent. You must designate an individual or ration.) ered agent are:	
ARTICLE III - Ret (The Limited Liability another business en	gistered Agent, Registered Off ty Company cannot serve as its tity with an active Florida registr orida street address of the regist ARNSTEIN & LEHR LLP	Fort Lauderdale, FL 33301 fice, & Registered Agent's Signature: fown Registered Agent. You must designate an individual or fration.) ered agent are: ame evard, Suite 3600	
ARTICLE III - Ret (The Limited Liability another business en	gistered Agent, Registered Off ty Company cannot serve as its tity with an active Florida registr orida street address of the registr ARNSTEIN & LEHR LLP N 200 South Biscayne Boul	Fort Lauderdale, FL 33301 fice, & Registered Agent's Signature: fown Registered Agent. You must designate an individual or fration.) ered agent are: ame evard, Suite 3600	
ARTICLE III - Ret (The Limited Liability another business en	gistered Agent, Registered Off ty Company cannot serve as its tity with an active Florida registr forida street address of the regist ARNSTEIN & LEHR LLP N 200 South Biscayne Boul Florida street address (P.O.	Fort Lauderdale, FL 33301 ice, & Registered Agent's Signature: own Registered Agent. You must designate an individual or ration.) ered agent are: ame evard, Suite 3600 Box NOT acceptable)	

familiar with and accept the obligations of my position as registered agent as provided Chapter 605, F.S..

ARNSTEIN & LEHR LLP

By: /s/ Mark S. Scott, Esq.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

MGR* = Manager AMBR Mark S. Scott 200 South Biscayne Boulevard, Suite 3600 Miami, FL 33131 Use attachment if necessary) V: Effective date, if other than the date of filing:	14 \ MD# = 4 \	Name and Address:
Mark S. Scott 200 South Biscayne Boulevard, Suite 3600 Miami, FL 33131 V: Effective date, if other than the date of filing: tive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: /s/ Mark S. Scott Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this docume 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.) Mark S. Scott	'AMBR" = Authorized Member	
Use attachment if necessary) V: Effective date, if other than the date of filing: tive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: /s/ Mark S. Scott Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Stanutes, the execution of this docume 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.) Mark S. Scott	AMBR	Mark S. Scott
Use attachment if necessary) V: Effective date, if other than the date of filing:		
CV: Effective date, if other than the date of filing:		
CV: Effective date, if other than the date of filing:		
CV: Effective date, if other than the date of filing:	<u>,,,,</u>	
CV: Effective date, if other than the date of filing:		
CV: Effective date, if other than the date of filing:		
CV: Effective date, if other than the date of filing:		
CV: Effective date, if other than the date of filing:		
CV: Effective date, if other than the date of filing:		
CV: Effective date, if other than the date of filing:		
CV: Effective date, if other than the date of filing:		
CV: Effective date, if other than the date of filing:		
CV: Effective date, if other than the date of filing:		***************************************
CV: Effective date, if other than the date of filing:		
EVI: Other provisions, if any. Solution Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this docume 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.) Mark S. Scott Scott Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this docume 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.)	Use attachment if necessary)	
Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this docume 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.) Mark S. Scott	• •	(OPTIONAL)
Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this docume 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.) Mark S. Scott		
Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this docume 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.) Mark S. Scott	EV: Effective date, if other than the date of ctive date is listed, the date must be speci	
Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this docume 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.) Mark S. Scott	V: Effective date, if other than the date of	
/s/ Mark S. Scott Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this docume 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.) Mark S. Scott	EV: Effective date, if other than the date of ctive date is listed, the date must be speci	
/s/ Mark S. Scott Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this docume 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.) Mark S. Scott	E.V: Effective date, if other than the date of ctive date is listed, the date must be specifilling.) E.VI: Other provisions, if any.	
/s/ Mark S. Scott Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this docume 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.) Mark S. Scott	CV: Effective date, if other than the date of ctive date is listed, the date must be specifilling.) CVI: Other provisions, if any.	
Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this docume 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.) Mark S. Scott	CV: Effective date, if other than the date of ctive date is listed, the date must be specifilling.) CVI: Other provisions, if any.	
Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this docume 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.) Mark S. Scott	CV: Effective date, if other than the date of ctive date is listed, the date must be specifilling.) CVI: Other provisions, if any.	
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this docume 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.) Mark S. Scott	C.V: Effective date, if other than the date of ctive date is listed, the date must be specifilling.) C.VI: Other provisions, if any. REQUIRED SIGNATURE:	fic and cannot be more than five business days prior to or 9
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.) Mark S. Scott	C.V: Effective date, if other than the date of ctive date is listed, the date must be specifilling.) C.VI: Other provisions, if any. REQUIRED SIGNATURE:	fic and cannot be more than five business days prior to or 90
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.) Mark S. Scott	E.V: Effective date, if other than the date of ctive date is listed, the date must be specifilling.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: /S. Signature of a mem	fic and cannot be more than five business days prior to or 90 Mark S. Scott Deer or an authorized representative of a member.
Mark S. Scott	E.V: Effective date, if other than the date of ctive date is listed, the date must be specifilling.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memical constitutes an affirmation under constitutes and constitutes and constitutes and constitutes are constituted as a constitute constitutes and constitutes are constituted as a constitute constitutes and constitutes are constituted as a constitute constitute constitutes are constituted as a constitute constitute constitute constitute constitutes are constituted as a constitute constitute constitute constitute constitute constitutes are constituted as a constitute constitute constitute constitute constitute constitutes are constituted as a constitute const	/ Mark S. Scott Deer or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.
Mark S. Scott Typed or printed name of signee	CV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memical constitutes an affirmation undid am aware that any false information.	/ Mark S. Scott Deer or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
Typed or printed name of signee	CV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memical constitutes an affirmation undid am aware that any false information.	/ Mark S. Scott Deer or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
	CV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memi (In accordance with section 600 constitutes an affirmation und I am aware that any false infor constitutes a third degree felou	/ Mark S. Scott Deer or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
Filing Fees:	CV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memical formation undil am aware that any false inforconstitutes a third degree felorimark S. Scott	Mark S. Scott Der or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)

Page 2 of 2