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SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Spot On Networks Florida CityNet, 4	LLC	
aba Spot On	d Liability Company) Floricla	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Organization and fee(s) are st	ubmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Melissa B. Caldwell		
G.	Name of Person)	
Spot On Networks, Ilc	Firm/Company)	
U	rnite Company)	
55 Church Street Suite 100		
	(Address)	
New Haven, CT 06510		
(City/	State and Zip Code)	
For further information concerning this matter, please	call:	
Melissa B. Caldwell	at (203) 945-2000 ex	xt 105
(Name of Person)	(Area Code & Daytime Tel-	ephone Number)
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee Certificate of Status & Certified Gopy (additional copy) and enclosed
STREET ADDRESS:	MAILING AD	
Registration Section Division of Corporations	Registration Se Division of Cor	
409 E. Gaines Street	P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, Flo	orida 32314 🔀

H. Loy Anderson III

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Orbital E. Name: The came of the Limited Liability Com	girante, se:
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THE IS STEEL ASSECTION OF THE CONTROL OF THE PROPERTY OF THE P wheter relating to the proper and complete well mance of my duties, and I am familiar with and account the obligations of my neutron as region and regent as provided for in Chapter 608 MS

Dustan O A gor

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
Spot On Networks Florida CityNet, Ilc					
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited	I Liability Company is:			
Principal Office Address:	Mailing Address:				
915 North Dixie Highway West Palm Beach, FL 33401	same				
ARTICLE III - Registered Agent, Reg	gistered Office, & Registered Age	nt's Signature:			
The name and the Florida street address of the registered agent are: Michell Sheps					
(CC	d Agent's Signature ONTINUED)	ZIDS JAN 18 P 2: 0 SECRETARY OF STATE TALLAHASSEE, FLORID			

2005 JAN 18 P 2: 06

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

	_	
Title: "MGR" = Manag "MGRM" = Man		Name and Address:
MGR		A. Paul Prosperi
		8 Palmetto DRive
		Sewall's Point, FL 34996
MGRM		Richard Sherwin
		182 Leetes Island Road
		Guilford, CT 06437
	_	
(Use attachment i	f necessary)	
NOTE: An addi	itional article must be :	added if an effective date is requested.
REQUIRED SIG	GNATURE:	
	Signature of a member or	an authorized representative of a member.
	organicate of a memori of	an authorized representative of a diember.
(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.)		
	Richard Sherwin	
	Typed	or printed name of signee
Filing Feet		Acs

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
 \$ 5.00 Certificate of Status (Optional)