

L05000079613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

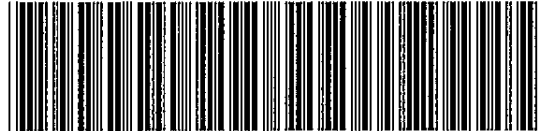
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



100057937231

FILED

05 AUG 12 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 AUG 12 AM 10:42
RECORDS OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

05 AUG 12 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 537529 4305390

AUTHORIZATION :

Patricia T. [Signature]

COST LIMIT : \$ 125.00

FILED
05 AUG 12 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : August 11, 2005

ORDER TIME : 9:01 AM

ORDER NO. : 537529-005

CUSTOMER NO: 4305390

CUSTOMER: Ms. Kim Calkin-mcellen #0362
Cole Schotz Meisel Forman &
Leonard
P.O. Box 800

Hackensack, NJ 07602-9957

DOMESTIC FILING

NAME: SPOKETHREE, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 2914

EXAMINER'S INITIALS: _____

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

FILED
05 AUG 12 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

SPOKETHREE, LLC

ARTICLE II - Address:

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

Principal Office Address:

100 Ocean Way

Vero Beach, FL 32963

Mailing Address:

100 Ocean Way

Vero Beach, FL 32963

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

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

Frederick Piumelli

Name

100 Ocean Way

Florida street address (P O. Box NOT acceptable)

Vero Beach

FLORIDA 32963

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, Florida Statutes.

Frederick Piumelli

x 

Registered Agent's Signature

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

"MGRM" = Managing Member

Parsippany, NJ 07054

(Use attachment if necessary)

Michael Patrick Pluncelli, Manager

\$ 5.00 Certificate of Status (Optional)