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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 537529 4305390

AUTHORIZATION :

Patricia T. [Signature]

COST LIMIT : \$ 125.00

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TALLAHASSEE, FLORIDA

ORDER DATE : August 11, 2005

ORDER TIME : 9:02 AM

ORDER NO. : 537529-010

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: SPOKEFOUR, 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**

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

SPOKEFOUR, 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:

100 Ocean Way

100 Ocean Way

Vero Beach, FL 32963

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..

X Frederick Piumelli

Registered Agent's Signature

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:

MGR	HUBCORP, LLC
	300 Lanidex Plaza
	Parsippany, NJ 07054

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE: HUBCORP, LLC By: Frederick Piumelli and
Michael Patrick Piumelli, Managers

x Frederick Piumelli *x* Michael Patrick Piumelli
Signature of a member or an authorized representative of a member,
Frederick Piumelli Michael Patrick Piumelli
(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.)

Frederick Piumelli, Manager
Typed or printed name of signee

Michael Patrick Piumelli, Manager

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)