

L05000079621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

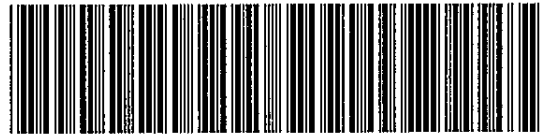
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05 AUG 12 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

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



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 537529 4305390

AUTHORIZATION :

*Patricia Tappin*

COST LIMIT : \$ 125.00

FILED  
05 AUG 12 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : August 11, 2005

ORDER TIME : 9:04 AM

ORDER NO. : 537529-015

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: SPOKEFIVE, 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 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SPOKEFIVE, 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

**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

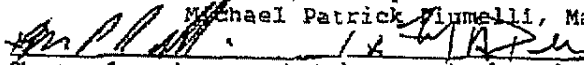
300 Lanidex Plaza

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

  
Signature of a member or an authorized representative of a member.  
Frederick Piumelli Michael Patrick Piumelli  
(In accordance with section 608.400(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 signor

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)