L06000116847

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(6)	/C++- (7: /D)	40
(Cit	y/State/Zip/Phone	• #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Certified Copies	_ Certificates	or Status

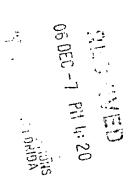


Special Instructions to Filing Officer:

Office Use Only



300082012433







Sold Marie State of the State o CORPORATION SERVICE COMPANY. ACCOUNT NO. : 072100000032 REFERENCE : AUTHORIZATION : COST LIMIT : ORDER DATE: December 6, 2006 ORDER TIME : 3:51 PM ORDER NO. : 646607-010 CUSTOMER NO: 4305390 DOMESTIC FILING NAME: SPOKESEVEN, 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: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANYA SPOKESEVEN, LLC (Must end with the words "Lunited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: Principal Office Address: 100 Ocean Way 100 Ocean Way

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limited Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

Vero Boach, FL 32963

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

Vero Beach, FL 32963

Frederick Pru	melli
	Name
100 Ocean Wa	ıy
	Florida street address (P.O. Box NOT acceptable)
Vero Beach	FL 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, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Managing Member

MGR

MGR

HUBCORP, LLC

300 Lanidex Plaza
Pausippans, NJ 07054

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

HUBCORP, Ltc By: Frederick Piumelli, Manager

Signature of a member or an authorized representative of a member.

(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.)

By: Frederick Piumelli, Manager

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)