

L06000116847

(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:

BK

Office Use Only



300082012433

RECEIVED  
06 DEC -7 PM 4:20  
TALLAHASSEE, FLORIDA

FILED  
06 DEC -7 AM 8:35  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 646607 4305390

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$ 125.00

FILED  
06 DEC -7 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SPOKESEVEN, LLC

(Must end with the words "Limited 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:

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 Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

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.,*

Frederick Piumelli

X By:

*F. Piumelli MGR.*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
06 DEC -7 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

"MGRM" = Managing Member

**Name and Address:**

MGR

HUBCORP, LLC

300 Lanidex Plaza

Parsippany, NJ 07054

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(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, LLC 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)