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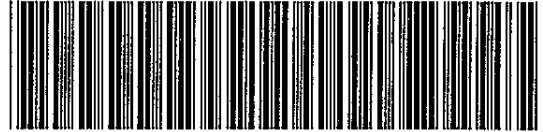
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04 OCT 22 PM 4:05  
TALLAHASSEE, FLORIDA

**FREDERICK A. LOVE**  
**ATTORNEY AT LAW**  
16320 NW 11<sup>TH</sup> STREET  
PEMBROKE PINES, FLORIDA 33028  
PHONE: 954-540-4486 • FAX: 954-704-4849  
e-mail: flovege@aol.com

\*Admitted in PA and DC

October 20, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

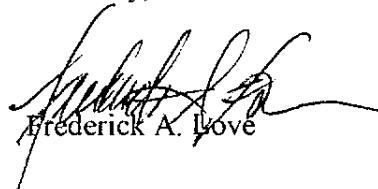
**RE: ABBEY CONSULTING, LLC**

Dear Sir or Madam:

Enclosed please find one (1) original and two (2) copies of the Articles of Organization for Abby Consulting, LLC as well as my check in the amount of \$130.00 for the required filing fee as well as a Certificate of Status.

If you have any questions or require any additional information, please do not hesitate to contact me.

Sincerely,



Frederick A. Love

FAL/cs  
Enclosures

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Abbey Consulting, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frederick A. Love, Esq.  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

16320 NW 11th Street  
(Address)

Pembroke Pines, FL 33028  
(City/State and Zip Code)

For further information concerning this matter, please call:

Frederick A. Love, Esq. at ( 954 ) 540-4486  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Abbey Consulting, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

250 Las Palmas Street  
Royal Palm Beach, FL 33411

**Mailing Address:**

250 Las Palmas Street  
Royal Palm Beach, FL 33411

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

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

Charles Faremouth  
Name  
250 Las Palmas Street  
Florida street address (P.O. Box **NOT** acceptable)  
Royal Palm Beach FLORIDA 33411  
City, State, and Zip

FILED  
04 OCT 22 PM 4:05  
CLERK OF DISTRICT COURT  
NINTH JUDICIAL CIRCUIT  
PALM BEACH COUNTY  
FLORIDA

*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..*

By: Charles Faremouth  
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

Charles Faremouth  
250 Les Palms Street  
Royal Palm Beach, FL 33411

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

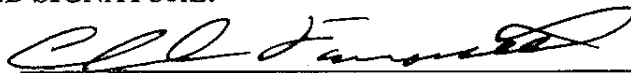
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\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



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.)

Charles Faremouth  
Typed or printed name of signee

**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)