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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABBA 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:

Wendy R. Wiener, Esq.
(Name of Person)

Mang Law Firm, P.A.
(Firm/Company)

660 E. Jefferson Street
(Address)

Tallahassee, FL 32301
(City/State and Zip Code)

For further information concerning this matter, please call:

Wendy R. Wiener, Esq. at (850) 222-7710
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
OF
ABBA CONSULTING, LLC
a Florida Limited Liability Company**

ARTICLE I

The name of the Limited Liability Company is:

ABBA CONSULTING, LLC

ARTICLE II

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

ABBA CONSULTING, LLC

2132 Lake Forest Drive
Tallahassee, FL 32303

ARTICLE III

The mailing address for the Limited Liability Company is:

ABBA CONSULTING, LLC

2132 Lake Forest Drive
Tallahassee, FL 32303

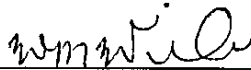
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TALLAHASSEE, FLORIDA

ARTICLE IV

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

Wendy Russell Wiener, Esq.
Mang Law Firm, P.A.
660 East Jefferson Street
Tallahassee, Florida 32301

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

ARTICLE V

The Limited Liability Company is to be member-managed. The name and address of the Member is:

MARK RIPOSTA
2132 Lake Forest Drive
Tallahassee, FL 32303



MARK RIPOSTA

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.

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