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DEPARTMENT OF STATE IVISION OF CORPORATION TALLAHASSEE, FLORIDA

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### **COVER LETTER**

то:	Registration Section Division of Corporations			
SUBJECT: ABBA CONSULTING, LLC				
(Name of Limited Liability Company)				
The en	closed Articles of Organization and fee(s) are	submitted for filing.		
Please	return all correspondence concerning this matter	ter to the following:		
	Wendy R. Wi			
(Name of Person)				
	Mang Law Firm, P.A.			
	(Firm/Company)			
660 E. Jefferson Street				
		(Address)		
	Tallahasse	e, FL 32301		
(City/State and Zip Code)				
For fur	ther information concerning this matter, please	e call:		
W	endy R. Wiener, Esq.	at ( 850 ) 222-77	10	
	(Name of Person)	(Area Code & Daytime To	elephone Number)	
Enclos	sed is a check for the following amount:			
<b>☑</b> \$125	5.00 Filing Fee \$\sum \\$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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

## 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



#### 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.\*

<sup>\*</sup>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.