

L116000065700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

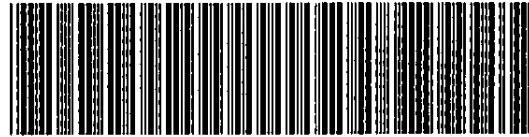
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN -3 AM 11:08

T. HAMPTON

JUN - 6 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ABA 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:

Judy Leone  
Name of Person

ABA Consulting  
Firm/Company

21783 Philmont Ct.  
Address

Boca Raton, FL 33428  
City/State and Zip Code

judyLeone@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Judy Leone at (845) 222-4575  
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

T «PHONE» 845-222-4575

FROM THE DESK OF

JUDY «LAST»

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Department of State

Division of Corps

RE: Document Number P09000076299

To Whom It May Concern:

Please be advised that I, Judy Leone, Owner/President of ABA Consulting Inc. am now authorizing the release of the business name.

Furthermore I am attaching an Articles of Organization and requesting that ABA Consulting LLC be assigned as my company name. I will be the Owner/President of the business. Please contact me at 845-222-4575 or [judy Leone@gmail.com](mailto:judy Leone@gmail.com) if there is anything i need to do to expedite this process. I have also attached a form of payment.

Thank You in advance for your cooperation.



Judy Leone

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

ABA Consulting, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

21783 Philmont Ct  
Boca Raton, FL 33428

#### Mailing Address:

Same

### 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:

Judy Leone

Name

21783 Philmont Ct

Florida street address (P.O. Box **NOT** acceptable)

Boca Raton, FL 33428

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..*

Judy Leone  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

"MGR"

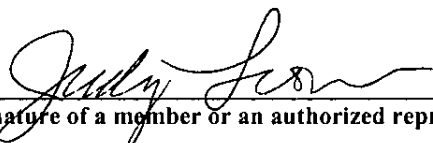
**Name and Address:**

Judy Leone  
21783 Philmont Ct.  
Boca Raton, FL 33428

(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:**

  
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Judy Leone  
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)

FILED  
11 JUN -8 AM 11:00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS