

12/28/11

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HUBCO
Account Number : 104562003400
Phone : (516) 935-3940
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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Abba Media Company LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. HAMPTON

DEC 29 2011

EXAMINER

H11000302680

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Abba Media Company LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

3701 Old Mulberry Road

3701 Old Mulberry Road

Plant City, FL 33567

Plant City, FL 33567

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

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

Robert Mitchell
Name

3102 Havendale Boulevard
(P.O. Box or Mail Drop Box NOT Acceptable)

Winter Haven, FL 33881
(City / State / Zip)

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TALLAHASSEE, 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, F.S.


Registered Agent's Signature - Robert Mitchell

ARTICLE IV - Manager(s) or Managing Member(s):

H11000302680

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

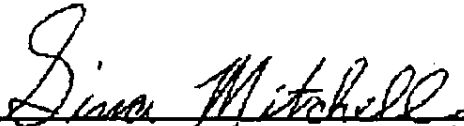
Name and Address:

MGRM

Gina Mitchell - 3102 Havendale Boulevard, Winter Haven, FL 33881

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Gina Mitchell

Typed or printed name of signee

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