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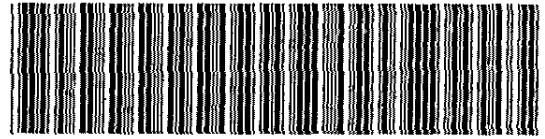
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TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ABSOLUTE BOOKKEEPING AND BUSINESS SERVICES, 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:

ELLEN BAJENTING

(Name of Person)

ABSOLUTE BOOKKEEPING AND BUSINESS SERVICES, LLC

(Firm/Company)

2874 SNOWY OWL COURT

(Address)

LAKE MARY, FL 32746

(City/State and Zip Code)

For further information concerning this matter, please call:

ELLEN BAJENTING

(Name of Person)

at ( 407 ) 323-9677

(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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 24, 2004

ELLEN BAJENTING  
ABSOLUTE BOOKKEEPING AND BUSINESS SERVIC  
2874 SNOWY OWL COURT  
LAKE MARY, FL 32746

SUBJECT: ABSOLUTE BOOKKEEPING AND BUSINESS SERVICES, LLC  
Ref. Number: W04000032086

Upon receipt of your letter and/or check(s) totaling \$125.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 404A00051754

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ABSOLUTE BOOKKEEPING AND BUSINESS SERVICES, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2874 SNOWY OWL COURT

LAKE MARY, FL 32746

**Mailing Address:**

2874 SNOWY OWL COURT

LAKE MARY, FL 32746

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

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

ELLEN BAJENTING

Name

2874 SNOWY OWL COURT

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

LAKE MARY FLORIDA 32746

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, Florida Statutes..*

*elbajenting*

Registered Agent's Signature

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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:**

MGRM

ELLEN BAJENTING

2874 SNOWY OWL CT

LAKE MARY, FL 32746

MGRM

HUI CHERYL WANG

970 NORTH LAKE DRIVE

SANFORD, FL 32773

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

*elbajenting*  
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.)

ELLEN BAJENTING

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)