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T. HAMPTON

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
Dev D	Day D. Dahas Canaultanta II C				
SUBJECT: Dev D		ted Liability Company)			
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Dev D. D	abas				
		(Name of Person)			
Dev D. D	abas Consulta	nts, LLC			
(Firm/Company)					
3801 Col	lins Ave., Unit	1404			
		(Address)			
Miami Be	ach, FL - 3314				
	(Ci	ty/State and Zip Code)			
For further information c	oncerning this matter, pleas	e call:			
Dev Dabas		_ _{at (} 732 ₎ 586-296	60		
(Name	of Person)	(Area Code & Daytime Tele			
Enclosed is a check for	r the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 C Tallahassee, FL 32301	ircle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Dev D. Dabas Consultants, "Li	LC."
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3801 Collins Ave.	3801 Collins Ave.
Unit 1404	Unit 1404
Miami Beach, FL 33140	Miami Beach, FL 33140
business entity with an active Florida registration.) The name and the Florida street address of the re Dev D. Dabas Name	egistered agent are:
3801 Collins Ave.,	Unit 1404 ress (P.O. Box NOT acceptable)
Miami Beach, FL - City, State, ar	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited its certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608 F.S.

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:	
MGRM		Dev D. Dabas 3801 Collins Ave. Miami Beach, FL 33140	
MGRM		Sumedha Dabas 3801 Collins Ave. Miawi Beach, FL-33140	

(Use attachmen	t if necessary)		
ARTICLE V: Effective	e date, if other than the isted, the date must b	date of filing: (OP e specific and cannot be more than five busin	
REQUIRED S	IGNATURE:		
	Signature of a member	er or an authorized representative of a member.	
	(In accordance with se	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury	
	_	D. DABAS ped or printed name of signee	H 80 Division Jas
Filing Foo	201		** ** ** **

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)