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Florida Department of State
Division of Corporations
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Effective Date 01/07/10

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA/FOREIGN LIMITED LIABILITY CO.
GABENEL ENTERPRISES, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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JAN - 8 2009

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GABENEL ENTERPRISES, 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:

4688 NW 114 AVE

109

DORAL, FL 33178

Mailing Address:

4688 NW 114 AVE

#109

DORAL, FL 33178

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:

Effective Date 01/07/10

BELEN C. PINOARGOTE

Name

4688 NW 114 AVE # 109

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

DORAL FL 33178

FL

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

BELEN C. PINOARGOTE

4688 NW 114 AVE # 109

DORAL, FL 33178

MGRM

NELSON PINO

4688 NW 114 AVE #109

DORAL, FL 33178

MGRM

GABRIELA PINO

4688 NW 114 AVE #109

DORAL, FL 33178

MGRM

ANDREINA SANOJA

4688 NW 114 AVE #109

DORAL, FL 33178

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/07/10 (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.)

BELEN C. PINOARGOTE

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)

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