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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Daniels Cahle-LL C 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:
DWayNE ALAN DANIECS Name of Person
Dawieus Cable-LLC Firm/Company
3823 Carpinal Blud Address
PORT ORANGE FL 32127  City/State and Zip Code  ALON OANIELS 06 @ Hotmail, Com  E-mail address: (to be used for future annual report Hotification)
For further information concerning this matter, please call:
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
DANIELS Cable-LI (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
The manifest and one of manages of mis bill	norphi office of the Emmod Emonity Company to.
Principal Office Address:	Mailing Address:
3823 Carpinal Blud Port Orange FL 32127	3823 Carpinal Bluel Port Orange FC 32127
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Dwayne Name	v Daniels Allas
3823 Carp Florida street addr	ess (P.O. Box NOT acceptable)  RT 32127
Port Orange City, Stat	FL 32127 PH 30.

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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	DWAYNE Alan Davier 3823 CARDINGI Blud Port Orange FL 32127
***	
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ffective date is listed, the date n	nan the date of filing: (OPTIONA nust be specific and cannot be more than five business day
LE V: Effective date, if other the	nan the date of filing:  (OPTIONAl nust be specific and cannot be more than five business day  ALLAHASS
LE V: Effective date, if other the frective date is listed, the date is days after the date of filing.)  REQUIRED SIGNATURE:	nust be specific and cannot be more than five business day
LE V: Effective date, if other the frective date is listed, the date is days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a  (In accordance with sectionstitutes an affirmatic I am aware that any false.)	member or an authorized representative of a member.  Lion 608.408(3), Florida Statutes, the execution of this document of under the penalties of perjury that the facts stated herein are income information submitted in a document to the Department of Space felony as provided for in s.817.155, F.S.)
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ARTICLE IV- Manager(s) or Managing Member(s):