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## COVER LETTER

	ew Filing Section ivision of Corporations			
SUBJECT	DABEL COMMERCIAL ENTER	PRISES, LLC		
SUBJECT	Name of	Limited Liability Company		
The enclose	ed Articles of Organization and fee(s)	are submitted for filing.		
Please retu	m all correspondence concerning this	matter to the following:		
	EM	MANUEL REGIS		
		Name of Person		
	OMNI BUSINESS SERVICES INC			
		Firm/Company		
	9705 NE 2nd AVENUE			
		Address		
	MIAMI SHORES, FL 33138			
	dabelmarvin@gmail.com	City/State and Zip Code		
_		ed for future annual report notification)		
For further in	nformation concerning this matter, ple	ase call:		
	EMMANUEL REGIS	305 576-7755		
	Name of Person	Area Code Daytime Telephone Number		
Enclosed is	a check for the following amount:			
S125.00 Fi	ling Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
	Mailing Address	Street Address		
	New Filing Section Division of Corporations	New Filing Section Division of Corporations		
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liabi	lity Company is:						
DABEL_CO	OMMERCIAL ENTER	RPRISES, LLC				_	
(Must co	ntain the words "Limite	ed Liability Com	pany, "L.L.C.,"	or "LLC.")			
ARTICLE II - Address: The mailing address and street	address of the principa	al office of the Li	mited Liability	Gompany is:			
<u>Princi</u>	pal Office Address:			Mailing Address:			
7821 INDIGO STI	REET S		7821 INDIGO	STREET S			
MIRAMAR, FLOR			MIRAMAR, I	FLORIDA 33023			
				<u> </u>		-	
ARTICLE III - Registered A (The Limited Liability Compar another business entity with ar The name and the Florida stree	ny cannot serve as its o n active Florida registra	wn Registered A ition.) red agent are:			SECRITALIANASS	19 APR 12	FIL
	7821 INDIGO ST	REET S			7	<u> </u>	ED
	Florida street add	ress (P.O. Box 🔉	OT acceptable	)	FE, FLORIG	₽# 8: h	_
	MIRAMAR,	FL		33023		£	
	City	State		Żip	<b>D-</b> *		
Having been named as registered place designated in this certificate further agree to comply with the familiar with and accept the comply with the familiar with and accept the complex with an accept the complex with a second s	te, I hereby accept the a provisions of all statute obligations of my position	ppointment as re s relating to the p	gistered agent a proper and comp agent as provide	nd agree to act in this dete performance of i d for in Chapter 605	s capacity my duties,	. I	

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MARVIN DABEL 7821 INDIGO STREET S MIRAMAR, FLORIDA 33023 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: N/A (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. NONE

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

MARVIN DABEL

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)