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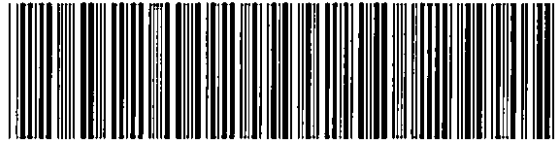
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DATE: 7/2/2021

NAME: FABEL REALTY LLC

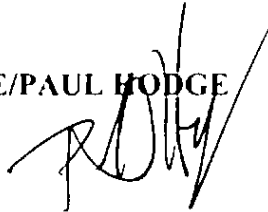
TYPE OF FILING: ARTICLES

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

Fabel Realty, PA

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
19522 Saturnia Lakes Drive

Boca Raton, Florida 33498

Mailing address, if different is:
19522 Saturnia Lakes Drive

Boca Raton, Florida 33498

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa Fabel - Director

Name and Title:

Address 19522 Saturnia Lakes Drive

Address:

Boca Raton, Florida 33498

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Lisa Fabel
Address: 19522 Saturnia Lakes Drive
Boca Raton, Florida 33498

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Lisa Fabel
Address: 19522 Saturnia Lakes Drive
Boca Raton, Florida 33498

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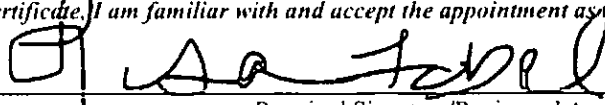
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the 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.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

07/02/2021
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.


Required Signature/Incorporator

07/02/2021
Date