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Articles of Organization
Limited-Liability Company
 (PURSUANT TO NRS CHAPTER 86)

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USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Limited-Liability Company: (must contain approved limited-liability company wording; see instructions)	DAB CONSULTING L.L.C.	Check box if a Series Limited-Liability Company <input type="checkbox"/>	Check box if a Restricted Limited-Liability Company <input type="checkbox"/>
2. Registered Agent for Service of Process: (check only one box)	<input type="checkbox"/> Commercial Registered Agent: _____ <small>Name</small> <input checked="" type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below) DARLENE BLAIR <small>Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity</small> 3208 CORAL HARBOR DR LAS VEGAS Nevada 89117 <small>Street Address City State Zip Code</small> _____ Nevada _____ <small>Mailing Address (if different from street address) City Zip Code</small>		
3. Dissolution Date: (optional)	Latest date upon which the company is to dissolve (if existence is not perpetual): _____		
4. Management: (required)	Company shall be managed by: <input type="checkbox"/> Manager(s) OR <input checked="" type="checkbox"/> Member(s) <small>(check only one box)</small>		
5. Name and Address of each Manager or Managing Member: (attach additional page if more than 3)	1) DARLENE A BLAIR <small>Name</small> 3208 CORAL HARBOR DR LAS VEGAS NV 89117 <small>Street Address City State Zip Code</small> 2) _____ <small>Name</small> _____ <small>Street Address City State Zip Code</small> 3) _____ <small>Name</small> _____ <small>Street Address City State Zip Code</small>		
6. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. DARLENE A BLAIR <input checked="" type="checkbox"/> DARLENE A BLAIR <small>Name Organizer Signature</small> 3208 CORAL HARBOR DR LAS VEGAS NV 89117 <small>Address City State Zip Code</small>		
7. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. <input checked="" type="checkbox"/> DARLENE BLAIR <small>Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity</small> 5/1/2017 <small>Date</small>		

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 86 DLLC Articles
 Revised: 10-1-15