

LISOUO 118403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

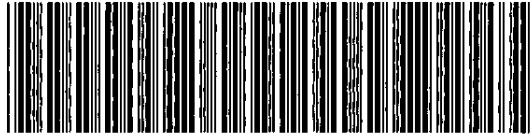
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

JUL 16 2015

T. SCOTT



000273474260

08/02/15--01028--019 **185.00

15 JUL 10 AM 9:06

RECEIVED
FILING OFFICE
JUL 16 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2015

TERRI J. AXELROD
99 SE MIZNER BLVD #527
BOCA RATON, FL 33432

spelling error
SUBJECT: DARLEXA REAL ESTATE, LLC
Ref. Number: W15000041159

We have received your document for DARLEXA REAL ESTATE, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete enclose conversion application.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850).245-6052.

Tyrone Scott
Regulatory Specialist II

Letter Number: 315A00012409

Dear Mr. Scott,

Thank you for bringing the corrections to my attention. Please note the spelling of the LLC is DORLEXA; thank you for your assistance with this conversion.

*Sincerely,
Terri Axelrod*

www.sunbiz.org

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DORLEXA REAL ESTATE, LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

TERRI J. AXELROD
(Contact Person)

(Firm/Company)
99 SE Mizner Blvd. #527
(Address)

BOCA RATON, FLORIDA 33432
(City, State and Zip Code)

tjaxelrod@cox.net
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

TERRI AXELROD at (757) 675-1641
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 Filing Fees, Certified Copy, and Certificate of Status

Paid

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity" into a Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
DORLEXA REAL ESTATE, LLC
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of VIRGINIA USA
(Enter state, or if a non-U.S. entity, the name of the country)
on 3/3/2005
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
DORLEXA REAL ESTATE, LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

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.

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 10 day of July 2015.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Terri Axelrod
Printed Name: Terri J. Axelrod Title: Member / Registered Agent

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: Terri Axelrod
Printed Name: Terri J. Axelrod Title: Member

Signature: Randy C. Axelrod
Printed Name: Randy C. Axelrod Title: member

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of **ALL** General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dorlexa Real Estate 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:

99 SE Mizner Blvd. #527
Boca Raton, FL
33432

Mailing Address:

99 SE Mizner Blvd. #527
Boca Raton, FL
33432

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:

Terri J. Axelrod
Name

99 SE Mizner Blvd. #527
Florida street address (P.O. Box **NOT** acceptable)

Boca Raton FL 33432
City 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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

15 JUL 10 AM 9:06

STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR / MGR

AMBR / MGR

Name and Address:

Terri Axelrod
99 SE Mizner Blvd. #527
Boca Raton, FL 33432

Randy C. Axelrod
99 SE Mizner Blvd. #527
Boca Raton, FL 33432

(Use attachment if necessary)

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

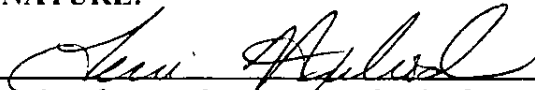
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

(In accordance with section 605.0205 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Terri J. Axelrod

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)