L10000020313

(Requestor's Name)					
(Address)					
(Address)					
(1441033)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Linky Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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02/23/10--01015--014 **180.00

C. LEWIS
FEB 2 3 2010
EXAMINER

COVER LETTER

10;	Division of C			
SUBJE	ECT:	DELL SEL	LS REAL ESTA	TE. LLC
	***************************************	Name of Limi	ted Liability Company	
The end	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please 1	return all corres	pondence concerning this mat	tter to the following:	
		Р	AMELA DELL	
			Name of Person	
		DELL SELI	S REAL ESTATE,	LLC.
			Firm/Company	
	347 N. NEW RIVER DR. E, #2407			
			Address	_
		FT. LAU	DERDALE, FL 333	01
		Ci	ty/State and Zip Code	
_		PDD: E-mail address: (to be used	521@GMAIL.COM	fication)
For furt	her information	concerning this matter, pleas	* ·	
	HERB	ERT B. DELL	at (954)	434-0605
	Name	e of Person	Area Code & Da	434-0605 ytime Telephone Number
Enclose	ed is a check t	for the following amount:		
J\$ 125.0	00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee Certified Copy (additional copy is end	Certificate of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Registration Sec Division of Cor Clifton Buildin 2661 Executive Tallahassee, FI	ction rporations g center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
DELL SELLS REA	A ESTATE ALC
	iability Company," "L.L.C.," or "L.I.C.")
•	
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
347 NEW RIVER DR. E.	347 NEW RIVER DR. E.
#2407	#2407
FT LAUDERDALE FL 33301	ET_LAUDERDALE, FL_33301
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are: RT B. DELL une
The name and the Florida street address of the	he registered agent are: RT B. DELL ATTERIAL STREET STRE
HERBEI	RT B. DELL ES 2
No	
5001 S. Univer	rsity Drive, Suite J
Florida street address (P.O. Box NOT acceptable)
FORT LAUDERDAL	**************************************
City, Stu	te, and Zip
Having been named as registered ovent and	to accept service of process for the above stated limited

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)

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address	of each Manager	or Managing	Member is as	followeres 22	PM 12:	57
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		10101 FD 25 1115. 81
<u>Title:</u> "MGR" ≈ Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
MGR	PAMELA D. DELL	
***************************************	347 N. NEW RIVER D	OR F #2407
	FORT LAUDERDALE	
MGRM	LAUREN DELL	
	50 SE 2ND STREET	#1044
	FORT LAUDERDALE	
(Use attachment if necessary)		
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	date of filing:e specific and cannot be more	(OPTIONAL) e than five business days price
REQUIRED SIGNATURE:	rely D. D. O	Q
Signature of a membe	r or an authorized representative	of a member.
(In accordance with sec of this document const that the facts stated her	ction 608.408(3), Florida Statutes, the itutes an affirmation under the penale in are true.)	he execution ulties of perjury

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)

PAMELA D. DELL
Typed or printed name of signee