

LI4 00 01850FS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

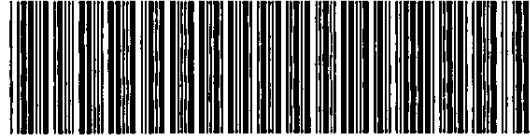
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900266582209

11/21/14--01002--018 **125.00

J. Shivers DEC 04 2014

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 NOV 21 PM 3:25

FILED

CLARK, ALBAUGH & RENTZ, LLP
ATTORNEYS & COUNSELORS AT LAW

700 W. Morse Boulevard, Suite 101
Winter Park, Florida 32789
Telephone 407-647-7600
Facsimile 407-647-7622
Website: www.winterparklawyers.com

SCOTT D. CLARK
MITCHELL E. ALBAUGH, B.C.S.[†]
R. TRAVIS RENTZ
CHRISTOPHER M. HAMILTON
LEIGH ANN BUZYNSKI

[†]BOARD CERTIFIED SPECIALIST IN CONSTRUCTION LAW

November 19, 2014

Via Fed Ex

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

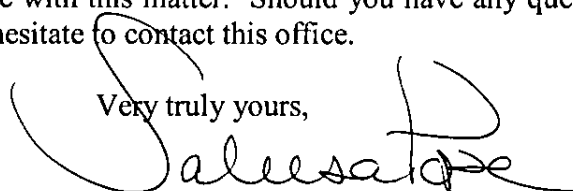
Re: Drexel Real Estate Services, LLC

Dear Sir or Madam:

Enclosed please find the original Articles of Organization for Drexel Real Estate Services, LLC, together with a check in the amount of \$125.00, for the filing fee and designation of Registered Agent.

Thank you for your assistance with this matter. Should you have any questions or need additional information, please don't hesitate to contact this office.

Very truly yours,



Saleesa Pope
Paralegal

/smp
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DREXEL REAL ESTATE SERVICES, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAY C. LEWIS
Name of Person

DREXEL REAL ESTATE SERVICES, LLC
Firm/Company

8701 SHIMMERING PINE PLACE
Address

SANFORD, FL 32771
City/State and Zip Code

JAY@CLAUDECMC.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

JAY C. LEWIS at (407) 408-6608
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

| | | | |
|---------------------|--|--|--|
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|---------------------|--|--|--|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DREXEL REAL ESTATE SERVICES, 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:

Mailing Address:

8701 SHIMMERING PINE PLACE
SANFORD, FL 32771

8701 SHIMMERING PINE PLACE
SANFORD, FL 32771

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:

Jay C. LEWIS II
Name

8701 SHIMMERING PINE PLACE
Florida street address (P.O. Box NOT acceptable)
SANFORD FL 32771
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..

J.C. Lewis II
Registered Agent's Signature (REQUIRED)
(CONTINUED)

FILED
14 NOV 21 PM 3:25
SECRETARY OF STATE
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

Name and Address:

MGR

JAY C. LEWIS II
8701 SHIMMERING PINE PLACE
SANFORD, FL 32771

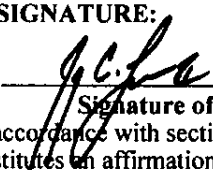
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: DECEMBER 1, 2014 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

JAY C. LEWIS II

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)

FILED
14 NOV 21 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA