P11000002557

(Requestor's Name)				
, (Address)				
, (1881855)				
(Address)				
(City/State/Zip/Phone #)				
(,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Cartificat Carrier				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
operation to hing officer.				
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G. MCLEOD

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EXAMINER



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SECRETARY OF STATE
TALLAHASSEE, FLORIB

COVER LETTER

TO: Registration Division o	f Corporations		• •	
SUBJECT:	DELL SELLS	REAL EST	ATE I TUC.	
	Name of R	esulting Florida Profit Corp	poration	
			and fees are submitted to convert an ordance with s. 607.1115, F.S.	
Please return all c	orrespondence concerning	g this matter to:		
Pamela Dell				
	Contact Person	_		
DELL SELLS	REAL ESTATE, INC	D.		
	Firm/Company			
347 N. New Rive	er Dr. E. #2407			
	Address			
Ft. Lauderdale,	FL 33301			
	City, State and Zip Code			
pdsellsre@aol. E-mail address:	.com (to be used for future annual r	eport notification)		
For further inform	nation concerning this ma	tter, please call:		
Pamela Dell		at (954) 560	-9510	
Name of	Contact Person	Area Code and Dayti	me Telephone Number	
Enclosed is a chec	ck for the following amou	int:		
☑ \$105.00 Filing Fe	es \$113.75 Filing Fees and Certificate of Status	☐\$113.75 Filing Fees and Certified Copy	\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDR		MAILING A		
Registration Section Division of Corporations		Registration Section Division of Corporations		
Clifton Building	nations	P. O. Box 63		
2661 Executive C	enter Circle	Tallahassee,		
Tallahassee, FL 3	32301	·		

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

DELL SELLS REAL ESTATE, LLC		
Enter Name of Other Business Entity	=	
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY	M	
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)	-6 PM	
first organized, formed or incorporated under the laws of FLORIDA		·
(Enter state, or if a non-U.S. entity, the name of the country)	1:10	,
on		
Enter date "Other Business Entity" was first organized, formed or incorporated		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the which it is now organized, formed or incorporated:	laws c	of
N/A .		
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorpor	ation:	
DELL SELLS REAL ESTATE, INC.		
Enter Name of Florida Profit Corporation		
5. If not effective on the date of filing, enter the effective date: JANUARY 15, 2011		

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.

attached Articles of Incorporation, if an effective date is listed therein.)

(The effective date: 1) cannot be prior to 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

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signed thisday of NOVEMBER	<u>, 20 10</u>
Required Signature for Florida Profit Corporation Individual signing affirms that the facts stated in this a third degree felony as provided for in s.817.155, F.S.	1: document are true. Any false information constitutes
Signature of Chairman, Vice Chairman, Director, Offselected, an Incorporator: Printed Name: PAMELA DELL Title: CH	to V X
Required Signature(s) on behalf of Other Business E stated in this document are true. Any false information s.817.155, F.S. [See below for required signature(s).] Signature: Printed Name: PAMELA DELL	n constitutes a third degree felony as provided for in
Signature: Printed Name:	Γitle:
Signature:	Γitle:
Signature:Printed Name:	Title:
Signature:	Title:
Signature:Printed Name:	Fitle:
If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability	Partnership:
Signatures of <u>ALL</u> General Partners.	ſ
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	<u> </u>
All others: Signature of an authorized person.	
Fees for Florida Articles of Incorporation: \$ Certified Copy: \$	35.00 70.00 8.75 (Optional) 8.75 (Optional)

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

	PRINCIPAL OFFICE	
247 M ME	Principal <u>street</u> address EW RIVER DRIVE EAST, 2407	Mailing address, if different is:
	DERDALE FLORIDA 33301	
TORTERO	DENDALE, FLORIDA 30001	
RTICLE III	ormboer.	
	nich the corporation is organized is:	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
RTICLE IV he number of shar	HINDLE TO THE STATE OF THE STAT	
RTICLE V	INITIAL OFFICERS AND/OR DIRE	ECTORS
	Ile: PAMELA DELL, CHARMAN 347 N. NEW RIVER DRIVE BAST, #2407	
Address:	FOT LAUDERDALE, FLORIDA 33301	
	TOT BIODERICATE FOR THE SHOPE	
N	Ile: LAUREN CELL	Managara (Tip)
Name and 11 Address:	347 N NEW RIVER DRIVE EAST, #2407	Name and Title:
Addiess.	FORT LAUDERDALE, FLORIDA 33361	
Name and Ti	tle:	Name and Title:
Address:		Address:
		HERBERT B. CELL
	REGISTERED AGENT	
	rida street address (P.O. Box NOT accep	otable) of the registered agent is:
Name:	HERBERT B. DELL	TX GO T
Address:	5001 S. UNVESTELL	F1. 277 7.8
	INCORPORATOR	
	Iress of the Incorporator is:	
Name: Address:	347 N. NEW RIVER DRIVE EAST, #2407	
Audicas	FORT LAUDERDALE, FLORIDA 33301	·
		
•		of process for the above stated corporation at the place designated
us cerujicate, 1 ai	н заушаг wun ана иссері іне аррошиті ————————————————————————————————————	ent as registered agent and agree to act in this capacity
1		
Requi	ired Signature/Registered Agent	Date
	A I CC Ali ma Ali n. Comani mama al les	rein are true. I am aware that any false information submitted t
submit this docu	ment and affirm that the facts stated he	ree felony as provided for in s.817.155, F.S.