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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : KOEPEL LAW GROUP, P.A.  
Account Number : I20070000064  
Phone : (561) 659-6455  
Fax Number : (561) 659-7006

2014 JUN 23 PM 12:05  
FILED  
TALLAHASSEE, FL 32399

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
409E PARADISE VILLAS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

JUN 24 2014  
A. LUNT

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 409E PARADISE VILLAS, 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:

JOEL P. KOEPEL, ESQ.  
Name of Person

KOEPEL LAW GROUP, P.A.  
Firm/Company

400 S. AUSTRALIAN AVENUE, SUITE 300  
Address

WEST PALM BEACH, FLORIDA 33401  
City/State and Zip Code

JOEL@KOEPELAWGROUP.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOEL P. KOEPEL, ESQ. at ( 861 ) 659-8455  
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

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 SECRETARY OF STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:  
The name of the Limited Liability Company is:

409E PARADISE VILLAS, 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:

400 S. AUSTRALIAN AVE #300  
WEST PALM BEACH, FL 33401

400 S. AUSTRALIAN AVE #300  
WEST PALM BEACH, FL 33401

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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:

JOEL P. KOEPEL, ESQ.

Name

400 S. AUSTRALIAN AVE #300

Florida street address (P.O. Box **NOT** acceptable)

WEST PALM BEACH FL 33401

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)

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**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

Name and Address:  
ROCCO MANGEL  
238 BUNKER RANCH ROAD  
WEST PALM BEACH, FL 33405

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(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.)

**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.)

JOEL P. KOEPEL  
\_\_\_\_\_  
Typed or printed name of signer

- 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)

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