

Apr. 28, 2015 12:14 PM

KOEPEL LAW GROUP

15 APR 28 PM 12:14

**L15000074558**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*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.  
MANSIONS 1901, LLC**

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

Apr. 28. 2015 12:14PM\* KOEPEL LAW GROUP

No. 1622 \* P. 2

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MANSIONS 1901, 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 AVE #300

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

JOEL@KOEPELLAWGROUP.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 ( 561 ) 659-6455  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

X	\$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)
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Mailing Address

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

Street Address

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name;

The name of the Limited Liability Company is:

MANSIONS 1901, 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:

400 S. AUSTRALIAN AVE #300

WEST PALM BEACH, FL 33401

Mailing Address:

400 S. AUSTRALIAN AVE #300

WEST PALM BEACH, FL 33401

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

State

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)

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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

MGR

**Name and Address:**

FRANCESCO ANGELO LUCHETTA

174 DUNVEGAN ROAD

TORONTO, ONTARIO M5P 2P2

15 APR 28 PM 1:58  
STATE OF FLORIDA  
CLERK OF COURT  
JUDICIAL SERVICES  
TALLAHASSEE, FLORIDA

FILED

(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.

**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, ESQ.

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)

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