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(((H15000064624 3)))



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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION 159, INC.

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MAR 2 5 2015

S. GILBERT

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March 16, 2015

FLORIDA DEPARTMENT OF STATE Division of Corporations

E-FILE KOEPPEL LAW GROUP, P.A.

SUBJECT: 159, INC. REF: W15000018459

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Sylvia Gilbert Regulatory Specialist II New Filing Section FAX Aud. #: H15000064624 Letter Number: 615A00005240

KOEPPEL LAW GROUP, P.A.

THE REFLECTIONS BUILDING, SUITE 200 400 SOUTH AUSTRALIAN AVENUE

JOEL P. KOEPPEL, ESQ. MEMBER FL & NY BARS West Paim Brach, Florida 33401 Telephone (56) 659-6455
Telecopier (56) 659-7006
Joel@KoeppellawGroup.com

March 23, 2015

VIA TELEFAX 850 617-6381

Florida Department of State Division of Corporations P.O. Box 6327Tallahassee, FL 32314

Re: 159, Inc.

Ladies and Gentlemen:

Please be advised that I am the Director/Manager of both 159, Inc. and 159, LLC and have authorized the use of both names. Inasmuch as 159, LLC has already been formed, I have attached hereto the Electronic Filing Cover Sheet and Articles of Incorporation of 159, Inc. and request that you incorporate 159, Inc.

Thanking you in advance, I remain

Very truly yours,

Joel P. Koeppel

att.

(((H150000646243)))

COVER LETTER

Department of State New Piling Section Division of Corporations P. O. Box 6327 Tallahassee, PL 32314

SUBJECT:	159, INC.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the a	ticles of incorporation and	d a check for:
≅ \$70.00	\$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
•	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED

FROM:	Joel P. Koeppel, Esq.
	Name (Printed or typed)
	400 S. Australian Ave #300
~	Address
_	West Palm Beach, FL 33401
	City, State & Zip
	(561) 659-6455
_	Daytime Telephone number
_	Joel@KoeppelLawGroup.com E-mail address: (to be used for future annual report notification)
	ESTRAIL ACCUSES. CO DE CISCO FOI LUCITO ANNUAL PADOIL NOTIFICATION)

NOTE: Please provide the original and one copy of the articles.

(((1

	A Y2	ידונטן דיפ טוי זאים.	COTTLE COURT	FILED
	In compliance w	ith Chapter 607 and	d/or Chapter 621,	P.S. (Profil)5 HAR 24 AM 7:
ARTICLE I NA The name of the corpor	<u> </u>	159, INC	ე.	SECRETARY OF STA
ARTICLE II PR	INCIPAL OFFICE Principal street address	:		Malling address, if different is:
400 S. Austra	alian Ave. #300			
West Palm B	each, FL 3340	1	<u> </u>	
ARTICLE III PUI	RPOSE the corporation is organi	zed is: Real	Estate Ma	ınagement
			ι,	
ARTICLE IV SH. The number of shares o		200		
	TIAL OFFICERS AN le: Joel P. Koepp	o∕or orrector el, Presiden	t Name and Title	N
	TIAL OFFICERS AN	o∕or orrector el, Presiden	t Name and Title	n:
Name and Titl	TIAL OFFICERS AN le: Joel P. Koepp	o∕or <i>birector</i> el, Presiden an Ave #300	t Name and Title Address:	n:
Name and Titl Address	Joel P. Koepp 400 S. Australi West Palm Bea	p/or birector el, Presiden an Ave #300 ich, FL 33401	Name and Title Address:	
Name and Title Address . Name and Title	TIAL OFFICERS AND Joel P. Koepp 400 S. Australi West Palm Bea	el, Presiden lan Ave #300 lich, FL 33401	Name and Title Address: Name and Title	
Name and Titl Address	Joel P. Koepp 400 S. Australi West Palm Bea	el, Presiden lan Ave #300 lich, FL 33401	Name and Title Address: Name and Title	
Name and Title Address . Name and Title	TIAL OFFICERS AND Joel P. Koepp 400 S. Australi West Palm Bea	el, Presiden lan Ave #300 lich, FL 33401	Name and Title Address: Name and Title	
Name and Title Address Name and Title Address	TIAL OFFICERS AND Joel P. Koepp 400 S. Australia West Palm Bea	el, Presiden lan Ave #300 lich, FL 33401	Name and Title Address: Name and Title Address:	

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		(vonit.)
Name ar Address	nd Title:	Name and Title:
		*
ARTICLE VI	REGISTERED AGENT	Selve menintered agency in
Name:	Lorida street address (P.O. Box NOT acceptable) of Joel P. Koeppel, Esq.	t the registered agent 19:
Address:	400 S. Australian Ave #300	•
	West Palm Beach, FL 33401	.
<u>ARTICLE VII</u>	INCORPORATOR	
The <u>name and ac</u>	ddress of the Incorporator is:	
Name:	Joel P. Koeppel, Esq.	_
Address:	400 S. Australian Ave #300	
	West Palm Beach, FL 33401	• -
Having been nau this certificate, I t	ned as registered agent to accept service of process am familiar with and accept the appointment as regi	s for the above stated corporation at the place designated distered agent and agree to act in this capacity
	Surfume	03/03/15
	Required Signature/Registered Agent	Date
I submit this doc document to the 1	nunent and affirm that the facts stated herein are to Department of State constitutes a third degree felony	true. I am aware that the false information submitted in y as provided for in £817.155, F.S.
	Surfame	03/03/15
	Required Signature/Incorporator	Date