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(Business Entity Name)

(Document Number)

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17 APR 24 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JOEL M. COMERFORD, P.A.  
ATTORNEY AT LAW  
350 CAMINO GARDENS BOULEVARD, SUITE 303  
BOCA RATON, FLORIDA 33432

JOEL M. COMERFORD

TELEPHONE (561) 368-0500  
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April 18, 2017

Via U.S. Mail

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

**Re: 240 West, LLC**

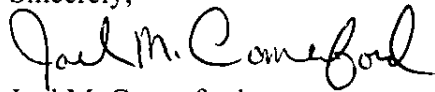
Dear Sir or Madam:

On behalf of my client, please find enclosed the following, necessary for incorporating the above-referenced proposed entity:

1. Cover Letter
2. Articles of Incorporation
3. Check #4441 in the amount of \$125.00 for filing

If you should have any questions please do not hesitate to contact me.

Sincerely,



Joel M. Comerford

enclosures

cc: Daniela Tudoran

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** 240 WEST, 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:

Daniela Tudoran  
Name of Person

Firm/Company

2400 COCONUT RD.  
Address

BOCA RATON, FL 33432  
City/State and Zip Code

dtudoran@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniela Tudoran at ( 561 ) 239-7174  
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**

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

**Street Address**

New Filing 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:

240 WEST, LLC

(Must contain 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:

2400 COCONUT RD.  
BOCA RATON, FL 33432

Mailing Address:

2400 COCONUT RD.  
BOCA RATON, FL 33432

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 M. COMEFORD, ESQ.

Name

350 Camino Gardens BLVD., #303

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

BOCA RATON FL 33432

City

State

Zip

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17 APR 24 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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.

Joel M. Comelf

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

AmBR

**Name and Address:**

Daniela Tudoran  
2400 Coconut Rd  
BOCA RATON, FL 33432

Timothy M. Viner, Sr.  
2400 Coconut Rd.  
BOCA RATON, FL 33432

(Use attachment if necessary)

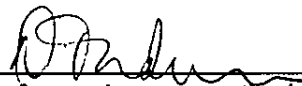
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Daniela Tudoran

Typed or printed name of signee

FILED  
17 APR 24 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)