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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
 Account Number : I20040000031
 Phone : (800)906-9220
 Fax Number : (800)906-9880

****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.**1240 West LLC**

| | |
|-----------------------|-----------------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$130.00 |

2022 MAR -8 PM 1:36

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Electronic Filing Menu

Corporate Filing Menu

Help

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(((H22000088038 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1240 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:1610 S Dixie Hwy Ste #1, 1610 S Dixie Hwy Ste #1 Pompano Beach, FL 33060Mailing Address:1610 S Dixie Hwy Ste #1, 1610 S Dixie Hwy Ste #1 Pompano Beach, FL 33060

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:

Menachem Nachlas

Name

10904 La Salinas CirFlorida street address (P.O. Box NOT acceptable)Boca RatonFL33428

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.

Menachem Nachlas

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 MAR -8 PM 1:36

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ARTICLE IV-

Title:

Name and Address:

Menachem Nachlas
10904 La Salinas Cir
Boca Raton, FL 33428

Israel Benchemhoun
478 Albany Ave Ste 180
Brooklyn, NY 11203

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

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.

REQUIRED SIGNATURE:

Menachem Nachlas

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.

Menachem Nachias

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)

2022 MAR -8 PM 1:37