

L24000335766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

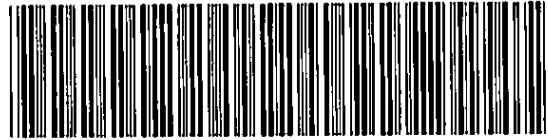
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



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RECEIVED  
2024 AUG -2 PM 3:26  
CALLAHAN/SECRETARY



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations  
From: Amanda Miller  
Ext: x62969  
Date: 08/02/24  
Order #: 1581621-1  
Re: 230 P.W. Joint Venture LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:  
I20000000195

AUTH

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the text of the enclosed items.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**COVER LETTER**

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

**SUBJECT:** 230 P.W. Joint Venture 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:

John J. Ferguson  
Name of Person

Ferguson Cohen LLP  
Firm/Company

25 Field Point Road  
Address

Greenwich, CT 06830  
City/State and Zip Code

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

For further information concerning this matter, please call:

John J. Ferguson      203      661-8399  
Name of Person      at (      )      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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

230 P.W. Joint Venture 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:

Mailing Address:

25 Field Point Road  
Greenwich, CT 06830

25 Field Point Road  
Greenwich, CT 06830

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:

Elaine Terrones

Name

450 Alton Road, Unit 2306

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

<u>Miami Beach</u>	<u>Florida</u>	<u>33480</u>
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)

(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

**Name and Address:**

AMBR

Elaine Terrones  
450 Alton Road, Unit 2306  
Miami Beach, Florida 33480

AMBR

John J. Ferguson  
3 Cedar Hill  
Greenwich, Connecticut 06830

AMBR

Joseph Phair  
771 Millstone Road  
Bridgehampton, New York 11963

(Use attachment if necessary)

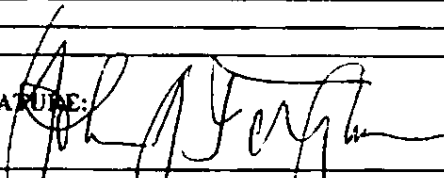
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

John J. Ferguson

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)

3207

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25 Field Point Road  
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(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:

Elaine Terrones  
Name

450 Alton Road, Unit 2306  
Florida street address (P.O. Box **NOT** acceptable)

Miami Beach                      Florida                      33480  
City                                      State                                      Zip

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\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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1

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**Title:**

**Name and Address:**

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"MGR" = Manager

AMBR

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450 Alton Road, Unit 2306  
Miami Beach, Florida 33480

AMBR

John J. Ferguson  
3 Cedar Hill  
Greenwich, Connecticut 06830

AMBR

Joseph Phair  
771 Millstone Road  
Bridgehampton, New York 11963

(Use attachment if necessary)

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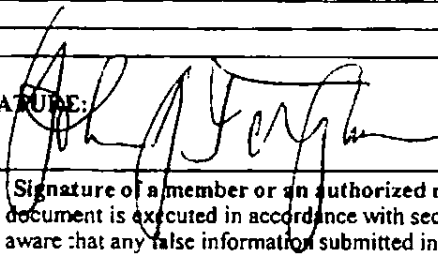
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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John J. Ferguson  
Typed or printed name of signee

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- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

2024