

L20000071847
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : AVA FINANCIAL CONSULTANTS INC
Account Number : I20170000094
Phone : (954)842-1979
Fax Number : (954)905-4315

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: pabna240@gmail.com

**FLORIDA LIMITED LIABILITY CO.
SAXON & WALL FRIENDS LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

2020 MAR -9 AM 10:26

2020 MAR -9 PM 12:22

RECEIVED

COVER LETTER

TO: New Filing Section
Division of Corporations

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SUBJECT: SAXON & WALL FRIENDS 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:

ANAMUL I. KHANDAKER

Name of Person

SAXON & WALL FRIENDS LLC

Firm/Company

321 NW 3RD AVE

Address

POMPANO BEACH, FL 33060

City/State and Zip Code

pabna240@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANAMUL I. KHANDAKER

954

817-3860

at (

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

2007-9-11 10:26

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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SAXON & WALL FRIENDS 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:

321 NW 3RD AVE
POMPANO BEACH, FL 33060

Mailing Address:

321 NW 3RD AVE
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:

ANAMUL I. KHANDAKER

Name

5327 NW 93RD AVE

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

SUNRISE

FL

33351

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.

A. I. Khandaker

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED IN PUBLIC RECORDS

2018 JUN 9 09:26

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

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Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

ANAMUL I. KHANDAKER

5327 NW 93RD AVE

SUNRISE, FL 33351

AMBR

MOHAMMAD B. CHOWDHURY

8952 NW 38TH DR

CORAL SPRINGS, FL 33065

AMBR

ASMAUL H. HAQUE

8318 NW 55TH CT

CORAL SPRINGS, FL 33067

(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:

A. J. Khandaker

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.

ANAMUL I. KHANDAKER

Typed or printed name of signer

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)

2011-09-13 10:46