

11/24/2020

Division of Corporations

L20000360878

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
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Fax Number : (850)617-6381

From:
Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

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

Email Address: Support@flpatellaw.com

FLORIDA LIMITED LIABILITY CO.

NF Sales, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
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Corporate Filing Menu

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NOV 25 2020

T. SCOTT

2020 NOV 24 AM 8:49

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2020 NOV 24 PM 2:58

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COVER LETTER

Tuesday, November 24, 2020

**To: New Filing Section
Division of Corporation**

**Subject:
NF Sales, 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:

FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Kalpesh Patel at 727-279-5037 or e-mail at Contact@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

**ARTICLES OF ORGANIZATION
FOR
NF SALES, LLC
A
FLORIDA LIMITED LIABILITY COMPANY**

FILED
2020 NOV 24 AM 8:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I.

Name

The name of the Limited Liability Company is: NF Sales, LLC (the Company).

ARTICLE II.

Address

The mailing address and street address of the principal office of the Company is:

5396 Gulf Boulevard
Unit 409
St Pete Beach, Florida 33706


ARTICLE III.

Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

Robert Namoff
5396 Gulf Boulevard
Unit 409
St Pete Beach, FL 33706

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.



Robert Namoff (sign)

ARTICLE IV.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

| <u>Title</u> | <u>Name and Address</u> |
|---|--|
| AMBR = Authorized Member MGR = Manager | |
| <u>MGR</u> | Robert Namoff 5396 Gulf Boulevard Unit 409 St Pete Beach, Florida 33706 |

ARTICLE V.

The Effective date shall be the date of filing.


 _____ (sign)

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.

 Robert Namoff
 Authorized Representative/Member