

6/11/24, 2:51 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L24000262406

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.

(((H24000204290 3)))



H240002042903ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : TAX & FINANCIAL FIRM INC
Account Number : I20240000005
Phone : (214)554-0731
Fax Number : (813)336-2232

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.

NAFFI INCLUSIVE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED
2024 JUN 11 PM 4:44
DIVISION OF CORPORATIONS
COMMERCIAL

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 JUN 11 PM 4:38

H24000204290 3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NAFFI INCLUSIVE 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:

ABID NAEEM

Name of Person

TAX & FINANCIAL FIRM INC

Firm/Company

2613 KNIGHT ISLAND DR

Address

BRANDON, FL 33511

City/State and Zip Code

MAIL@EZTAXADVISOR.COM

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

For further information concerning this matter, please call:

ABID NAEEM

214

554-0731

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H24000204290 3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 JUN 11 PM 4:38

H24000204290 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NAFFI INCLUSIVE 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:

4318 US 41N

PALMETTO, FL 34221

4318 US 41N

PALMETTO, FL 34221

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:

TAX & FINANCIAL FIRM INC

Name

2613 KNIGHT ISLAND DR

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

BRANDON

FL

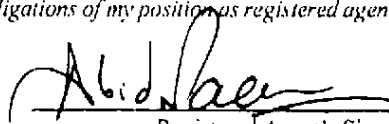
33511

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)

H24000204290 3

H24000204290 3

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:

MGR

AMIR NAFFI

4318 US 41N

PALMETTO FL. 34221

(Use attachment if necessary)

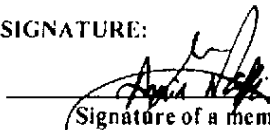
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.

AMIR NAFFI

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)

H240002042903