Division of Corporations 1/21/25, 1:33.PM

> 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.

> > (((H250000241243)))



H250000241243ABCU

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To:

Division of Corporations

18133362232

Fax Number : (850)617-6383

From:

Account Name : TAX & FINANCIAL FIRM INC

Account Number : 120240000005

Phone : (214)554-0731 Fax Number : (813)336-2232

LLC DISSOLUTION OR WITHDRAWAL NAFFI INCLUSIVE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

JAN 24 2025 I LEMIEUX 18133362232

(((H25000024124 3)))

COVER LETTER

10.	Division of Corporations	
	3 NAFFI INCLUSIVE LLC	• ;
SUBJE	CT:	70.00° 6.00°
	(Name of Limi	ted Liability Company)
The enc	losed Articles of Dissolution and fee(s) are submit	tted for filing.
Please re	eturn all correspondence concerning this matter to	the following:
	ABID NAEEM	
	(Nai	me of Person)
	TAX & FINANCIAL FIRM INC	
	(Fir	m/Company)
	2613 KNIGHT ISLAND DR	
		(Address)
	BRANDON, FL 33511	
	(City/Sta	ate and Zip Code)
For furti	her information concerning this matter, please call	l:
	ABID NAEEM	214 554-0731 at ()
	(Name of Person)	at () (Area Code & Daytime Telephone Number)
Enclosed	is a check for the following amount:	
	\$25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
	((((H25000024124 3)))

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(((H25000024124 3))) ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	NAFFI INCLUSIVE LLC	
2.	The Articles of Organization were filed on 06/11/2024 and assigned	
	document number	
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for 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.	
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	
	Agreement by all members to dissolve	
	Agreement by all members to dissolve Agreement by all members to dissolve	
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:	
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs: AMIR NAFFI Signature Printed Name	
	Signature Printed Name	

FILING FEE: \$25.00

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