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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

1/4

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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: DEITE@ICLOUD.COM

9/10/10

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2024 AUG 29 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.
N. B. POMPAÑO LLC**

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

COVER LETTER

TO: New Filing Section
Division of Corporations

H240002930953

2/4

SUBJECT: N. B. POMPANO 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:

NIXON DEY

Name of Person

N. B. POMPANO LLC

Firm/Company

1701 NE 29T ST

Address

POMPANO BEACH, FL 33064

City/State and Zip Code

DEITE@ICLOUD.COM

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

For further information concerning this matter, please call:

NIXON DEY

954

305-0256

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

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3/4

**ARTICLES OF ORGANIZATION OF
N. B. POMPANO LLC**

Pursuant to s.605.0201, Florida Statutes

Articles 1 – NAME

The name of the LLC shall be: N. B. POMPANO LLC

Articles 2 – PRINCIPAL OFFICE

The principal place of Business / Mailing address is:

1701 NE 29T ST
POMPANO BEACH, FL 33064

Mailing Address:

1701 NE 29T ST
POMPANO BEACH, FL 33064

Article 3 – REGISTERED AGENT

The name and Florida street address of the Registered Agent is:

NIXON DEY
22656 SW 64TH WAY
BOCA RATON, FL 33428

Articles 4 – INITIAL AUTHORIZED MEMBERS

The names and Addresses:

AMBR

MD SIDDIQUR RAHMAN (FIRST NAME: MD MIDDLE NAME: SIDDIQUR
601 N. 65TH WAY LAST NAME: RAHMAN)
HOLLYWOOD, FL 33024

AMBR

NIXON DEY
22656 SW 64TH WAY
BOCA RATON, FL 33428

1124000 293 0953

4/4

Articles 5 – POWER OF THE LLC

The LLC shall have the same powers as an individual to do all things necessary or convenient to carry out its Business and Affairs, subject to the limitations or restrictions imposed by applicable law or these Articles of Organization.

Articles 6 – TERMS OF EXISTANCE

The LLC shall have perpetual existence.

Articles 7 – EFFECTIVE DATE

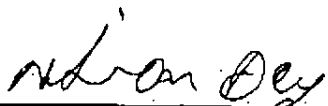
These articles of organization shall be effective upon approval of the Secretary of State, State of Florida.

Articles 8 – PURPOSE OF THE LLC

The LLC shall engage in any activity or Business permitted under the law of the United States and of the State of Florida.

Articles 9 – BY LAWS

The power to adopt, alter, amend or repeal By-Laws shall be vested in the Board of Director and the shareholders.


Signature Registered Agent
(NIXON DEY)

8/29/2024
Dated


Signature / Managing Member
(MD SIDDIQUR RAHMAN)

8/29/2024
Dated