

Florida Department of State

Division of Corporations

Electronic Filing Sheet

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12-18-24

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 : 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: mail@ejtanadvison.com

FLORIDA LIMITED LIABILITY CO.

Aerondight LLC

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

RECEIVED

2024 DEC 17 AM 10:08

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TALLAHASSEE, FL

24 DEC 17 PM 6:47

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DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

((H24000413555 3)))

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: AERONDIGHT 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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

AERONDIGHT 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:1232 CHARLESWORTH DR
WESLEY CHAPEL, FL
33543**Mailing Address:**1232 CHARLESWORTH DR
WESLEY CHAPEL, FL
33543**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 DRFlorida street address (P.O. Box **NOT** acceptable)BRANDON

City

FLORIDA

State

33511

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)

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24 DEC 17 PM 6:47

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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:

AMBR

SUHEIL MALAS
1232 CHARLESWORTH DR
WESLEY CHAPEL, FL 33543

(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.

SUHEIL MALAS

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)

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