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2009 FEB 22 PH 1: 08
SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE FEB 2 5 2008 EXAMINER

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: Sweet	Marrakesh UC	d Liability Company)	
	(Haine of Elimite	d Elability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
ERIC AMS	ALLEM		
	(Name of Person)	
		(Firm/Company)	
16485 CO	LLINS AV #935	•	
		(Address)	
SLINNY IS	SLES BEACH FL 3	3160	
001111110		/State and Zip Code)	
For further information	concerning this matter, please	call:	2008 SEC
ERIC AMSALLE	М	at (786) 985-137	74 ASS 2
(Name	of Person)	(Area Code & Daytime 7	Telephone Number)
Enclosed is a check for	or the following amount:		PH FLOR
\$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 Registration Section Division of Corporations	Street/Courier Addre Registration Section	_

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Sweet Marrakesh LLC. (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Con	npany is:
Principal Office Address: Mailing Address:	
16485 COLLINS AV #935 16485 COLLINS AV #935	
SUNNY ISLES BEACH FL 33160 SUNNY ISLES BEACH FL 33160	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatur (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or anoth business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: ERIC AMSALLEM Name 16485 COLLINS AV #935	THE LEVEL TO BE THE SERVICE OF THE S
Florida street address (P.O. Box NOT acceptable)	
SUNNY ISLES BEACH FL 33160	
City, State, and Zip	
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointness registered agent and agree to act in this capacity. I further agree to comply with the provist statutes relating to the proper and complete performance of my duties, and I am familiar was accept the obligations of my position at registered agent as provided for in Chapter 608	ent as ions of all vith and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	nger naging Member	Name and Address:			
MGRM		YOUNESSE ZEROUAL			
		1071 CHEMAIN DE RETENAOU		_	
		06220 VALLAURIS FRANCE		<u> </u>	
MGRM		FATIMA BOUJAADA			
	 	85 RUE DE PARIS		_	
		93100 MONTREUIL FRANCE			
				<u> </u>	
		7	7	- 21	
(Use attachment	t if necessary)	LEADA	ECRETA	908 FEB 2	
ARTICLE V: Effective	date, if other than the	date of filing: (0	ÓRTI	ONAI	_)[
(If an effective date is li to or 90 days after the d	-	specific and cannot be more than five bu	siness	days	
to or 50 days after the C	rate of ming.)	. ORIO	ATA	80 :1	1 ,0
REQUIRED S	IGNATURE:				
	Si				
	Signat ure of a me mber	or an authorized representative of a member.			
	(In accordance with sect of this document constit that the facts stated he	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)			
	ERIC AMSALLEM				
		ped 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)