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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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11 AUG 25 PH 4: 05

B. BOSTICK AUG 2 5 2011 EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations | ATTN | BARBARA | BOSTICK | . – 850 |). 245. (FAX) | 6030) |
|------------------|---|--|---|---|---|------------------|---|
| SUBJI | эст: <u>FE</u> | 7 Caf | ROUP 1 | | | | |
| The en | closed Articles of Organizatio | n and fee(s) are s | ubmitted for filing. | | | | |
| Please | return all correspondence con- | cerning this matte | r to the following: | | | | |
| | FA | ICAL I | BETTIOUL Name of Person | | | | |
| | FE | <u> — — — — — — — — — — — — — — — — — — </u> | WP LLC Firm/Company | | | | |
| | 881 | 38 CO | DLLINS M Address | E #20 | <u> </u> | _ = | |
| • | SU | RFSIDE City | State and Zip Code | 3154 | RETARY AHASSE | RECE |) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| _ | E-mail add | LEDES | That B G | MAIL (ification) | | CEIVED | a vale |
| For furt | her information concerning th | is matter, please | call: | | ORIDA ORIDA | <u>യു</u> വ | : |
| _E | Name of Person | noul | at (<u>646)</u> Area Code & Da | 427 - 85 ytime Telephone Nu | 35 mber | | ٠ |
| Enclos | ed is a check for the follow | ing amount: | | | | | |
| 61 25.0 0 | Filing Fee \$130.00 F Certificat | iling Fee & [te of Status | \$155.00 Filing Fed Certified Copy (additional copy is en | Certifi closed) Certifi | 00 Filing Fee, cate of Status ed Copy nal copy is enclos | ed) | |
| | P.O. Box 6 | Section Corporations | Street/Courier Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI | otion rporations g : Center Circle | PREP | WID. | |
| | | | | | TALLAHASSEE, FL | 11 AUG 25 PH | 7.75 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: |
|---|
| FEZ GROVP LLC (Must end with 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: |
| FEZ GROUP LLE 512 ESPANOLA WAY 8888 COLLINS AND 205 MIAMI BEACH, FL 33139 SURPSIDE, FL 331SY |
| 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: |
| FAYCAL BETTIOUL SE B TO Name |
| BBBB COLLINS AVE # 205 Florida street address (P.O. Box NOT acceptable) |
| SURFSIDE FL 33154 City, State, and 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 608, F.S Registered Agent's Signature (REQUIRED) |

Page 1 of 2

(CONTINUED)

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: | |
|---|---|-----------|
| MGRM | FAYCAL BETTIOUI 8888 COLLINS AVE # 20 SURFSIDE, FL 33154 | \$5 |
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| | | 25 |
| | | *** |
| , -, | LORDA | Pii 4: 05 |
| (Use attachment if necessary) | | 5 |
| CLE V: Effective date, if other the effective date is listed, the date is | an the date of filing: (OPTION nust be specific and cannot be more than five business d | S (NAL) |
| CLE V: Effective date, if other the effective date is listed, the date is 00 days after the date of filing.) REQUIRED SIGNATURE: | an the date of filing: (OPTIO) | S (NAL) |
| CLE V: Effective date, if other the effective date is listed, the date is 00 days after the date of filing.) REQUIRED SIGNATURE: Signature of a maccordance with section constitutes an affirmation 1 am aware that any false | an the date of filing: (OPTION nust be specific and cannot be more than five business d | S (NAL) |

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)



August 2, 2011

FAYCAL BETTIOUI 8888 COLLINS AVENUE, #205 SURFSIDE, FL 33154

SUBJECT: CASABLANCA GROUP LLC

Ref. Number: W11000040496

We have received your document for CASABLANCA GROUP LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P10000097642,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 911A00018184