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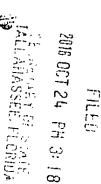
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	Registration Section Division of Corporations
SUBJEC	Le Maroc LLC
SUBJEC	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Wajdi Birjas
	Name of Person
	Le Maroc LLC
	Firm/Company
	18101 Villa Creek Dr
	Address
	Tampa Florida 33647
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	wajdi Birjas 813 852-4864
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \text{(additional copy is enclosed)} \ \ \ \ \text{(additional copy is enclosed)} \ \ \ \ \text{(additional copy is enclosed)} \ \ \ \ \text{(additional copy is enclosed)} \ \ \ \ \ \ \ \text{(additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIARILITY COMPANY

ARTICLES OF ORGANIZATION FOR FLORIDA	FILEU
ARTICLE I - Name: The name of the Limited Liability Company is:	2016 OCT 24 PM 3: 18
Le Maroc LLC	TALL ANASSEE FLORIDA
(Must end with the words "Limited Liability	(Company, "L.L.C.," or "LLQ")
ARTICLE II - Address: The mailing address and street address of the principal office of the street address and street address of the principal office of the street address and street address of the principal office of the street address and street address of the principal office of the street address and street address address and street address and street address and street address and street address and str	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
18101 Villa Creek Dr, Tampa FL 33647	18101 Villa Creek Dr, Tampa FL 33647
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	

Wajdi Birjas		
	Name	
18101 Villa Creek D)r	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Tampa	Florida	33647
City	State	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 l 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)

Page 1 of 2

	ddress of each person auth		
<u> Citle:</u>		Name and Address:	
AMBR" = Au	thorized Member		JALL AHASSE
MGR" = Man	ager	337_131 Table -	TALL ANASSE
<u>AMBR</u>		Wajdi Birjas 18101 Villa Creek Dr	
		Tampa Florida 33647	
			, , , , , , , , , , , , , , , , , , ,
V: Effective of the control of the c	date, if other than the date of ted, the date must be spec	of filing:cific and cannot be more than five	business days prior to or
ctive date is lis f filing.) the date inserte	date, if other than the date of the date must be specified, the date must be specified in this block does not me date on the Department of	cific and cannot be more than five eet the applicable statutory filing re	business days prior to or
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Page 2 of 2

Date of this notice: 10-11-2016

Employer Identification Number: 81-4091591

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

LE MAROC WAJDI R BIRJAS SOLE MBR 18101 VILLA CREEK DR TAMPA, FL 33647

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-4091591. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write t us at the address shown at the top of this notice. If you write, please tear off the st at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is LEMA. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.