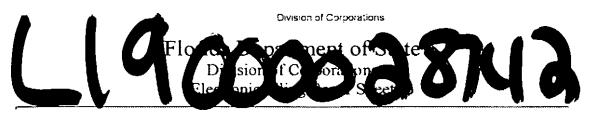
To: 18506176381 From: 14694451465 Date: 02/04/19 Time: 10:10 AM Page: 01/05

2/4/2019



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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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

FLORIDA LIMITED LIABILITY CO. CASABLANCA OF FLORIDA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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To: 18506176381 From: 14694451465 Date: 02/04/19 Time: 10:10 AM Page: 02/05

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:

CASABLANCA OF FLORIDA, LLC

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is:

3560 Fort Denaud Road Labelle, FL 33935

ARTICLE III

The name and the Florida street address of the registered agent are:

ADAM A. ASBURY 2645 Halissee Street Miami, PL 33133

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 605.0201, F.S.

Adam A Asbury

ADAM A. ASBURY

Registered Agent

(((H19000040394 3)))

To: 18506176381 From: 14694451465 Date: 02/04/19 Time: 10:10 AM Page: 03/05

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ARTICLEIY

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MOR

Pamela White Koggan

.3050 Center St., Unit 3050

Miami, FL 33133

MOR

Carol White Asbury 2645 Halissee Street Miami, FL 33133

ARTICLE Y

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).

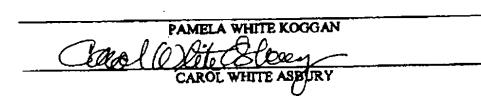
ARTICLE VI

Other provisions, if any:



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REQUIRED SIGNATURE:



(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Pamela White Koggan Carol White Asbury

19 FEB -4 AM & 47

(((H190000403943)))

REQUIRED SIGNATURE:

PAMELA WHITE KOGGAN

CAROL WHITE ASBURY

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Pamela White Koggan Carol White Asbury

19 FEB - 4 M & 47

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