

\*\*\*PLEASE HONOR  
ORIGINAL SUBMISSION  
DATE OF 7/20/2023

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ORIGINAL SUBMISSION  
DATE OF 7/20/2023

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L23000361816

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 : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

\*\*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.  
MOROCCUSA LLC

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Certificate of Status	0
Certified Copy	1
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July 21, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: MAROCUSA LLC  
REF: W23000100288

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L22000023755.

If you have any further questions concerning your document, please call (850) 245-6052.

Rickey L Richardson  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: B23000254008  
Letter Number: 923A00016358

**Leslie Sellers**

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**From:** faxfinder@capitol-services.com  
**Sent:** Thursday, July 20, 2023 3:24 PM  
**To:** Leslie Sellers  
**Subject:** FaxFinder Fax Notification: Successfully sent fax to 850-617-6381  
**Attachments:** fax\_outbound\_850-617-6381\_20230720\_142328\_00006F42-0000.pdf

Create Time: 07/20/2023 02:09:56 PM  
Schedule Time: 07/20/2023 02:23:28 PM  
State: sent  
Schedule Message: Successfully sent fax  
Hangup code: 0  
Try #: 2  
Username: admin  
Sender name: Leslie Sellers  
Sender email: lsellers@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.  
Subject: H23000254008  
Max tries: 5  
Try interval: 600  
Priority: 3  
Pages: 5  
Recipient fax: 850-617-6381  
Recipient phone:  
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Recipient org: FL SOS  
Use cover page: true  
Receipt: always  
Print receipt: never  
Print receipt printer:  
Print receipt first page: false  
Fax Page Size: auto

## COVER LETTER

H23000266632

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

**SUBJECT:** MoroccoUSA 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:

Matthew Greenfield

\_\_\_\_\_  
Name of Person

Caldera Law PLLC

\_\_\_\_\_  
Firm/Company

7293 NW Second Avenue

\_\_\_\_\_  
Address

Miami, FL 33150

\_\_\_\_\_  
City/State and Zip Code

matt@caldera.law

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Wolkov

786

321-3811

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

H23000266632

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MoroccUSA 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:**1245 NE 81st Terrace  
Miami, FL 33138**Mailing Address:**1245 NE 81st Terrace  
Miami, FL 33138**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:

Caldera Law PLLC

Name

7293 NW Second AvenueFlorida street address (P.O. Box ~~NOT~~ acceptable)MiamiFlorida33150

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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*

Matthew Greenfield

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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/MGR

Christina Staalstrom  
1245 NE 81st Terrace  
Miami, FL 33138

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

Christina Staalstrom

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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