

L24000420057

10.4.24

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

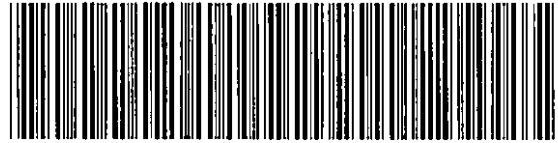
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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KB

The Law Office of Barry M. Sickles
Barry M. Sickles, Esquire
Member of Florida & North Carolina Bar

4662 Coral Ridge Drive
Coral Springs, FL 33076
Phone: 954-255-7360 Fax: 954-255-7370
Barry@SicklesLaw.com

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

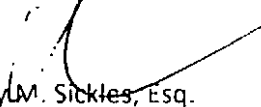
September 18, 2024

Re: Moroccan Twins Farm, LLC.

Dear Sirs;

Enclosed herewith please find the Articles of Organization for the above referenced entity together with a check in the amount of \$125.00. Please file said entity as soon as practicable. If you have any questions, please feel free to contact the undersigned.

Very truly yours,


Barry M. Sickles, Esq.
BMS/jg

cc. Ennai

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COVER LETTER

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

SUBJECT: Morrocan Twins Farm L.L.C.

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:

Hanson Ennai

Name of Person

Firm/Company

7894 Sunstone Street

Address

Delray Beach, FLorida 33446

City/State and Zip Code

ennai2@icloud.com

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

For further information concerning this matter, please call:

Hanson Ennai

561

929 6821

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Morrocen Twins Farm, 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:

1395 NW 160 Street,
Okeechobee, FL 34972

Mailing Address:

7894 Sunstone Street
Delray Beach, Florida 33446

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:

Barry M Sickles, Esq.

Name

4662 Coral Ridge Drive

Florida street address (P.O. Box **NOT** acceptable)

Coral Springs

Florida


33076

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..



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:

MGR

HANSON ENNAI
7894 SUNSTONE STREET
DELRAY BEACH, FL 33446

MGR

LAHCEN ENNAI
14592 ALABASTER AVENUE
DELRAY BEACH, FL 33446

(Use attachment if necessary)

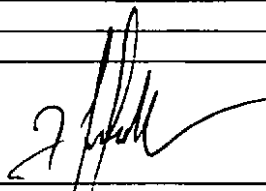
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

HANSON ENNAI

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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