# M2400014842

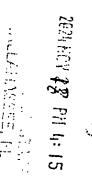
(Requestor's Name)				
(Address)				
(Ad	ddress)			
(Ci	ity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Bi	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



800437775588

10/18/24--01005--007 \*\*160.00



T. LEMIEUX NOV 2 5 2024

Presp1

#### **COVER LETTER**

	sistration Section ision of Corporations	
SUBJECT:	Casablanca L Name of	Limited Liability Company
		npany for Authorization to Transact Business in Florida." Certificate of renced foreign limited liability company to transact business in Florida.
Please return	all correspondence concerning this matter to th	e following:
	Coldwen Ba	Name of Person  Number Schriff  Firm/Company
	_ 299107 OVEN	Scas Hoy Address
	I	State and Zip Code  Cack D yahov. Com ed for future annual ryport potification)
For further in	nformation concerning this matter, please call:	O .
4	Halley Haack Name of Contact Person	at (3)5 304 . 145 Le Area Code Daytime Telephone Number
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Plea	closed is a check for the following amount: ase make check payable to: FLORIDA DEPAR \$125.00 Filing Fee \$\Bigsire \text{\$130.00 Filing Fee & Certificate of States}\$	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate



November 4, 2024

MATTHEW WOLF 29967 OVERSEAS HWY BIG PINE KEY, FL 33043

SUBJECT: CASABLANCA LLC Ref. Number: W24000149279

We have received your document for CASABLANCA 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 of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 124A00024235

RECEIVED NOV 18 2024

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 805.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILIT COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.,"
Casablanca 22211C (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "I. L. C," or "LLC")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "I, I, C," or "LLC")
2. State af Main (Julisdiction under the law of which foreign limited hability company is organized)  3. 99 - 31349110 (FEI number, if applicable)
4. (Dat first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability.)
5. 822 Thomas St 6. 29947 oversas Huy (Street Address of Principal Office)  6. Willing Address)
Keywerst FL 33040  Big Pine Ky FC  33043
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Halley Hack Office Address: 29947 Overseas Huy
Office Address: 29947 Overseas Huy
Bigfine Ke Florida 23043
Registered agent's acceptance:
Name: Halley Kack  Office Address: 29947 Overseas Hay  Big fire Ke  (%5)  Registered agent's acceptance:  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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Matthew Wolf	□Manager	Name: Halley Hoack
<b>E</b> Member	Address: 177 Birch Dr	□Member	Address: 299107 Oversias Hix
□Authorized	Poland Spring ME 04274	✓Authorized	Bigline Ky FL 33043
Person		Person	33043
□Other <u>Æ Ú</u> <b>(A1</b>	<b>2</b> □Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other		□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. 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.

Suprature of an authorized person

+allera +agulo

#### **State of Maine**



### Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the records of formation, amendment, and cancellation of limited liability companies and annual reports filed by the same.

I further certify that CASABLANCA, LLC is a duly formed limited liability company under the laws of the State of Maine and that the date of formation is May 14, 2024.

I further certify that said limited liability company has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the certificate of formation and that according to the records in the Department of the Secretary of State, said limited liability company is a legally existing limited liability company in good standing under the laws of the State of Maine at the present time.



In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed, given under my hand at Augusta, Maine, this sixteenth day of October 2024.

Shenna Bellows Secretary of State