

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : BELOFF LAW, P.A.
Account Number : I20080000060
Phone : (305) 673-1101
Fax Number : (305) 673-5505

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

Email Address: Annie@belofflaw.com

**FLORIDA LIMITED LIABILITY CO.
FCM 1951 NE 167 LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

17 DEC 21 PM 2:34

TRANSMISSION SERVICES

SECRETARY OF STATE
ALLAHASSEE, FLORIDA
17 DEC 21 AM 9:06

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**ARTICLES OF ORGANIZATION
FOR
FCM 1951 NE 167 LLC
a Florida limited liability company**

The undersigned, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

ARTICLE I- NAME:

The name of the limited liability company is: FCM 1951 NE 167 LLC

ARTICLE II- ADDRESS:

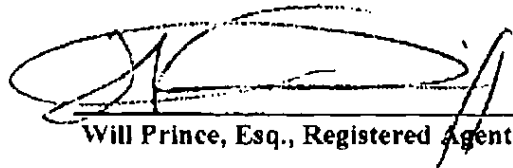
The address of its principal place of business, as well as the mailing address for this limited liability company is 1820 Avenue M, PMB 2252, Brooklyn NY 11230

ARTICLES III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

Beloff Law, P.A. 1691 Michigan Avenue, Suite 360, Miami Beach, Florida 33139

Having been named as registered agent and to accept service of process for the above state 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.


Will Prince, Esq., Registered Agent

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SECRETARY OF STATE
Tallahassee, Florida

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ARTICLE IV

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

TITLE:

NAME AND ADDRESS:

Manager and Authorized Signatory

Chaim Cahane
1820 Avenue M
PMB 2252
Brooklyn, NY 11230

ARTICLE -V - Effective Date, if other than the date of filing: _____ (Optional)

ARTICLE- VI- Other provisions, if any.

REQUIRED SIGNATURE:



CHAIM CAHANE, Authorized Member

(In accordance with Section 605.0203 (1)(b), Florida Statute, 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 817.153,F.S.)

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COVER LETTER

**TO: REGISTRATION SECTION
DIVISION OF CORPORATION**

SUBJECT: NEW FILING

The enclosed Articles of Organization and Fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Will Prince, Esq.
1691 Michigan Avenue
Suite 360
Miami Beach, FL 33139
Telephone: 305-673-1101**

Email Address: SHERRY@BELOFFLAW.COM

**\$160.00 Filing Fee
Certificate Status & Certified Copy**