

L17 000 257 506

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H17000331101 3)))



H170003311013ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 16890 NE 21 LLC**

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

FILED
17 DEC 18 PM 4:10
CORPORATION SERVICES

17 DEC 18 2017

(((H17000331101 3)))

**ARTICLES OF ORGANIZATION
FOR
FCM 16890 NE 21 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 16890 NE 21 LLC

ARTICLE II- ADDRESS:

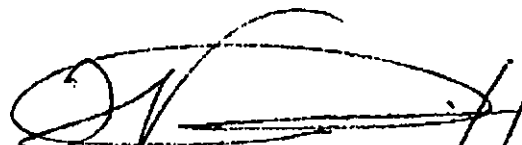
The address of its principal place of business, as well as the mailing address for this limited liability company is 1820 Avenue M, PMB 2252, Brooklyn NY 11230

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

17 Dec 19 11:05:02
A17000331101 3

(((H17000331101 3)))

(((H17000331101 3)))

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 3817.155,F.S.)

17 DEC 19 11 09 32

(((H17000331101 3)))