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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 : 120080000060
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: SHERRY@BELOFFLAW.COM

FLORIDA LIMITED LIABILITY CO.
FCM 1525 NW 1, LLC

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

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OCT - 3 2018

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

(CA-0432-50)

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COVER LETTER
(RH-0023-53)

**TO: REGISTRATION SECTION
DIVISION OF CORPORATION**

SUBJECT: NEW FILING

FILE NAME: CA-0432-50

ENTITY NAME: FCM 1525 NW 1, LLC

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 250
Miami Beach, Florida 33139
Telephone: 305-673-1101

Email Address: sherry@belofflaw.com

\$160.00 Filing Fee
Certificate Status & Certified Copy

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REGISTRATION DIVISION
CORPORATION

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**ARTICLES OF ORGANIZATION
FOR
FCM 1525 NW 1, 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 1525 NW 1, LLC**

ARTICLE II- ADDRESS:

The Address of its Principal Place of Business, as well as the Mailing Address for this limited liability company is:

**4045 Sheridan Ave.
Box 221
Miami Beach, FL 33140**

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

The Name and the Florida Address of the Registered Agent are:

**Chaim Cahane
4045 Sheridan Ave.
Box 221
Miami Beach, FL 33140**

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RECEIVED
DIVISION OF
CORPORATION
STATE OF FLORIDA

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.



Chaim Cahane, Registered Agent

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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
4045 Sheridan Ave.
Box 221
Miami Beach, FL 33140

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

ARTICLE VI- Other provisions, if any: N/A

REQUIRED SIGNATURES:



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 s817.155,F.S.)

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