

03/17/2019

15:47 BELOFF

(FAX) 305 673 5505

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

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: SHERY@BELOFFLAW.COM

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19 MAR -5 AM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP  
FCM 315 LP

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$1,061.25

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MAR -6 2019

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FCM 315 LP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Will Prince, Esq.

Contact Person

Beloff Law, P.A.

Firm/Company

1691 Michigan Avenue, Suite 250

Address

Miami Beach, FL 33139

City, State and Zip Code

sherry@belofflaw.com

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

For further information concerning this matter, please call:

Will Prince, Esq.

at (305) 673-1101

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☒ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

CR2E030 (6/17)

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**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

**FILED**  
19 MAR -5 AM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. FCM 315 LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 4045 Sheridan Avenue, Box 221

(Street address of initial designated office)

Miami Beach, FL 33140

3. Chaim Cabane

(Name of Registered Agent for Service of Process)

4. 4045 Sheridan Avenue, Box 221

(Florida street address for Registered Agent)

Miami Beach, FL 33140

5. 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.

  
\_\_\_\_\_  
Signature of Registered Agent

6. 4045 Sheridan Avenue, Box 221

(Mailing address of initial designated office)

Miami Beach, FL 33140

7. If limited partnership elects to be a limited liability limited partnership, check box ☐.

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## 8. Name and business address of each general partner:

Name:

FCM 315 W 28 LLC

Business Address:

4045 Sheridan Avenue, Box 221

Miami Beach, FL 33140

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 9. Effective date, if other than the date of filing:

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

**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.

Signed this 4th day of March, 2019

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are 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.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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