

**416000016069**

**Florida Department of State  
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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

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Email Address: WALNCE@belofflaw.com

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**FLORIDA LIMITED LIABILITY CO.  
FCM 6075 Biscayne, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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SECRETARY OF STATE  
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01-28-16

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**ARTICLES OF ORGANIZATION  
FOR  
FCM 6075 BISCAYNE, 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 6075 BISCAYNE, LLC**

**ARTICLE II- ADDRESS:**

The address of its principal place of business, as well as the mailing address for this limited liability company is 1208 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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ARTICLE IV

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

TITLE:

NAME AND ADDRESS:

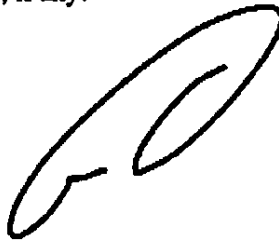
Manager and Authorized Signatory

Chaim Cahane  
1208 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

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*(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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