

08/17/2016

10:50 Beloff Parker Jacobs

(FAX) 305 673 5505

P.001/003

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Account Name : LAW OFFICE OF GERALD K. SCHWARTZ, P.A.
Account Number : I20080000083
Phone : (305) 673-1101
Fax Number : (305) 673-5505

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
CCMN 1, LLC

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

16 AUG 17 AM 9:36

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T. SCOTT

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**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY
OF
CCMN 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: **CCMN 1, LLC, a Florida limited liability company**

ARTICLE II- ADDRESS:

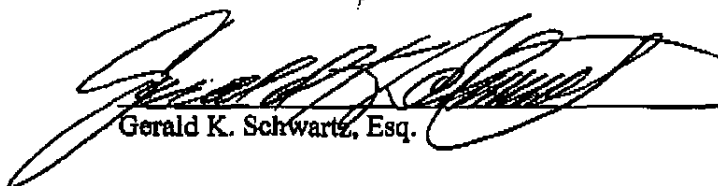
The address of its principal place of business, as well as the mailing address for this limited liability company is: **CCMN 1, LLC, 1800 Purdy Avenue, Suite P, Miami Beach, Florida 33139**

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

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

Law Office of Gerald K. Schwartz, 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.


Gerald K. Schwartz, Esq.

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ARTICLE IV

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

TITLE:

NAME AND ADDRESS:

Member/Manager

Claudio Feuermann
248 West Rivo Alto Drive
Miami Beach, Florida 33139

Member/Manager

Mercedes Feuermann
248 West Rivo Alto Drive
Miami Beach, Florida 33139

Member

Nicholas Machado Feuermann
248 West Rivo Alto Drive
Miami Beach, Florida 33139

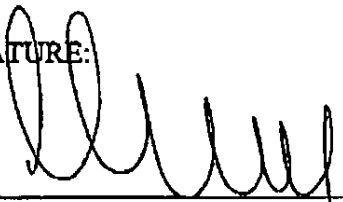
Member

Christopher Machado Feuermann
248 West Rivo Alto Drive
Miami Beach, Florida 33139

ARTICLE -V -Effective Date, if other than the date of filing: 8-17-16 (Optional)

ARTICLE- VI- Other provisions, if any.

REQUIRED SIGNATURE:



Claudio Feuermann, as Manager

(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 §817.155, F.S.)

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