

Division of Corporations

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**216000153903**

**Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : LAW OFFICE OF GERALD K. SCHWARTZ, P.A.  
Account Number : I20080000083  
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: GeraldK@GeraldKLaw.com

**FLORIDA LIMITED LIABILITY CO.  
CCMN 2, LLC**

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**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY  
OF  
CCMN 2, 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 2, 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 2, 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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TALLAHASSEE, FLORIDA

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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

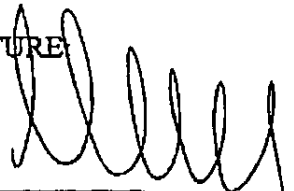
Member

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*(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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