

12/05/2016

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Division of Corporations

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From:

Account Name : BELOFF LAW, P.A.  
Account Number : I20080000060  
Phone : (305) 673-1101  
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**FLORIDA LIMITED LIABILITY CO.  
FCM 807 LLC**

Certificate of Status	1
Certified Copy	1
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



December 2, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BELOFF LAW PA

SUBJECT: FCM 807 LLC  
REF: W16000080679

We have received your document for FCM 807 LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams  
Regulatory Specialist II

FAX Aud. #: H16000294755  
Letter Number: 816A00025667

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**ARTICLES OF ORGANIZATION  
FOR  
FCM 807 LLC  
a Florida limited liability company**

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16 DEC -5 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 807 LLC

**ARTICLE II- ADDRESS:**

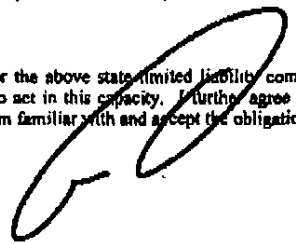
The address of its principal place of business, as well as the mailing address for this limited liability company is 1208 Avenue M, PMB 2252, Brooklyn NY 11230

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

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

Chaim Cahane, c/o 1691 MICHIGAN AVE, SUITE 360, MIAMI BEACH, FL 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.



\_\_\_\_\_  
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:

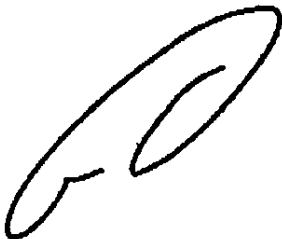
Manager

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, 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 s817.155, F.S.)*

(((H16000296933 3)))