

Division of Corporations

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**L17000046636**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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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: SHERRY@BELOFFLAW.COM

**FLORIDA LIMITED LIABILITY CO.  
FCM 3600 NW 25, LLC**

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

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BUREAU OF COMMERCIAL INFORMATION SERVICES

FILED  
17 MAR -2 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
FOR  
FCM 3600 NW 25, LLC  
a Florida limited liability company**

FILED  
17 MAR -2 AM 8:44  
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 3600 NW 25, LLC**

**ARTICLE II- ADDRESS:**

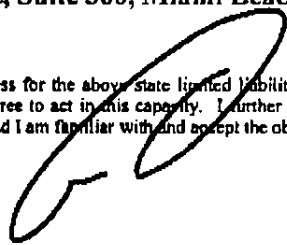
The address of its principal place of business, as well as the mailing address for this limited liability company is 1208 Avenue M, PMB 2252, Brooklyn NY 11230

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

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

**Chaim Cahane, 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.



**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:

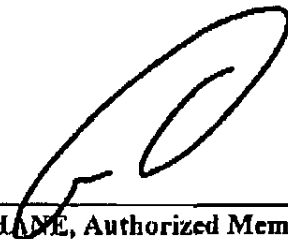
Manager and Authorized Signatory

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

FILED  
17 MAR -2 AM 8:44  
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 §817.155, F.S.)*

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