Florida Department of State

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From:

Account Name : BELOFF LAW, P.A. Account Number : 120080000060 : (305)673-1101 Fax Number : (305)673-5505

**Enter the email address for this business entity to be used for $\hat{\mathbf{f}}_{\mathbf{u}}^{\mathbf{u}}$ annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO. **FCM 48 NW 25 LLC**

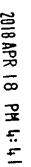
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COVER LETTER

TO:

REGISTRATION SECTION DIVISION OF CORPORATION

SUBJECT:

NEW FILING

The enclosed Articles of Organization and Fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Will Prince, Esq. 1691 Michigan Avenue Suite 360 Miami Beach, Florida 33139 Telephone: 305-673-1101

Email Address:

elizabeth@belofflaw.com

\$160.00 Filing Fee Certificate Status & Certified Copy (((H18000122827 3)))

ARTICLES OF ORGANIZATION

FOR

FCM 48 NW 25 LLC, a Florida limited liability company

The undersigned, desiring to form a limited liability company for the purposes set for the 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 48 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 4045 Sheridan Ave, P.O. Box 221, Miami Beach, Florida 33140.

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

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

Will Prince, Esq. 1691 Michigan Avenue, Suite 250, 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 egree 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, 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 4045 Sheridan Ave P.O. Box 221 Miami Beach, FL 33140

ARTICLE -V - Effective Date, if other than the date of filing:	(Optional)	APR	T
ARTICLE- VI- Other provisions, if any.	ASSE E.	ia 圣	
REQUIRED SIGNATURE:	FLORIDA	55 55	O

CHAIM CAHANE, Authorized Member

(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.)