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Florida Department of State
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**FLORIDA LIMITED LIABILITY CO.
FCM 48 NW 25 LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
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 DIVISION OF CORPORATIONS
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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

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**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 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 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 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.


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 Cabane
4045 Sheridan Ave
P.O. Box 221
Miami Beach, FL 33140

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

ARTICLE- VI- Other provisions, if any.

REQUIRED SIGNATURE:



CHAIM CAHANE, Authorized Member

(In accordance with Section 685.8203 (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.)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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