

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BELOFF LAW, P.A.
Account Number : I20080000060
Phone : (305) 673-1101
Fax Number : (305) 673-5505

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TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.
FCM 315 W 28, LLC**

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

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COVER LETTER

To: Registration Section/Division of Corporation

Subject: New Entity Filing

Entity Name: FCM 315 W 28, LLC

Memo: 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.
Beloff Law, P.A.
1691 Michigan Avenue
Suite 250
Miami Beach, FL 33139
Telephone: 305-673-1101
Fax: 305-673-5505
Email Address: Sherry@BeloffLawPA.com**

Requested Items:

**Entity Filing
Certificate of Status
Certified Copy**

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**ARTICLES OF ORGANIZATION
FOR
FCM 315 W 28, 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 315 W 28, 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 Avenue, Box 221, Miami Beach, FL 33140**

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

The Name and the Florida Address of the Registered Agent are:

Chaim Cahane, 4045 Sheridan Avenue, Box 221, Miami Beach, FL 33140

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
4045 Sheridan Avenue
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, 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.)

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