

L200000233958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

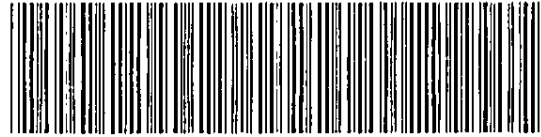
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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AUG 12 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FCM 6600 NW 16, LLC

Signature _____

Requested by: Seth

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

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 250
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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2020 AUG 12 AM 10: 22

SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION
FOR
FCM 6600 NW 16, 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 6600 NW 16, 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, Suite 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, Suite 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

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
Suite 221
Miami Beach, Florida 33140

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

ARTICLE- VI- Other provisions, if any.

REQUIRED SIGNATURE:



CHAIM CAHANE, as Manager

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SECRETARY OF STATE
TALLAHASSEE, FL

(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.)