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(Requestor's Name)
(Address)
(Address)
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(Business Entity Name)
(Document Number)
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2621 HOV 12 AM 9: 41 SECRETARY I STATI

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST_DATE 11/12/2021 PRIORITY Regular Approval OUR REF_# (Order_ID#) 965241

ORDER_ENTITY FCM 2830 GP LLC

PLEASE PERFORM THE FO	LLOWING SERVICES:	•	
FCM 2830 GP LLC (FL)			

New LLC filing

NOTES:
\$125.00 Authorized
Email address for annual report reminders: ccahane@fortecap.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

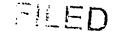
Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and counter package if applicable. For UCC orders, please include the thru date on the results.

Friday, November 12, 2021 Page 1 of 1



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2021 HOV 12 AM 9: 41

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The name of the Limited Liability Company is:

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(Must contain the words "Limited Liability Company, "L.L.C.." or "LLC.")

<u>Prin</u>	cipal Office Address:		Mailing Address:
4045 Sheridan Av	venue, Suite 221	404:	5 Sheridan Avenue, Suite 221
Miami Beach, Flo	orida 33140	Mia	mi Beach, Florida 33140
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ner business entity with	an active Florida registration active Florida registered	d agent are:	i ou must designate an individue
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ner business entity with	an active Florida registration active Florida registered	d agent are: es, Ltd. Name	You must designate an individua
ther business entity with	an active Florida registration cet address of the registered Incorporating Services	on.) d agent are: es, Ltd. Name	You must designate an individua
ner business entity with	an active Florida registration of the registered incorporating Service 1540 Glenway Drive	on.) d agent are: es, Ltd. Name	

Having been named as registered agent and to accept service of process for the above stated 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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Meliosa A Moseau

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MICHA = Manager	
MGR	Chaim Cahane 4045 Sherdian Avenue, Suite 221
	Miami Beach, Florida 33140
	
	2021 NOV 2021 NOV
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TICLE V: Effective date, if other than the	e date of filing:
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)