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(Re	equestor's Name)	
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NAME: ACER PROPERTIES 3975, LLC

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TO:	New Filing Se Division of Co					
CUDY		operties 3975, LLC				
SUBJI	EC1:	Name	of Limite	d Liabilit	y Company	
The en	closed Articles o	f Organization and fe	e(s) are su	bmitted 1	or filing.	
Please	return all corresp	ondence concerning	his matter	to the fo	llowing:	
	Stephen C.	Nudel, Esq.				
			N	lame of F	erson	
	Law Offices	s Stephen C. Nudel, F	'C			
			F	irm/Con	прапу	
	219 Pine Str	reet				
				Addre	5S	
	Harrisburg,	PA 17101				
	dal@aud	lalan ana	City/S	State and	Zip Code	
	scnudel@nud	E-mail address: (to be	used for	future an	nual report notificati	on)
For furth	ner information co	oncerning this matter,	please cal	l:	·	•
	Stephen C. N	ludel	717 at (	١	236-5000	
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Enclose	ed is a check for t	he following amount	ı			
	5.00 Filing Fee	\$130.00 Filing 1 Certificate of Stat	Fee &	Certified	00 Filing Fee & I Copy copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ng Address Tiling Section on of Corporations Box 6327 assee, FL 32314		N T 2-	treet Address ew Filing Section Di he Centre of Tallaha 415 N. Monroe Stree allahassee, FL 3230	issee et, Suite 810

ARTICLE I - Name:

The name of the Limited Liability Company is:

ACER Properties 3975, LLC

(CONTINUED)

OLSturman

Registered Agent's Signature (REQUIRED)

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..

<del></del>	Stephen A. Rubin 19 Stratford Lane West, Unit A Boynton Beach, FL 33436
AMBR S	9 Stratford Lane West, Unit A Boynton Beach, FL 33436
<del></del>	9 Stratford Lane West, Unit A Boynton Beach, FL 33436
	Boynton Beach, FL 33436
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ctive date is listed, the date must be specific [filing.] the date inserted in this block does not meet the ment's effective date on the Department of State VI: Other provisions, if any.	ng (OPTIONAL) and cannot be more than five business days prior to or 90 days after ne applicable statutory filing requirements, this date will not be listed a te's records.
REQUIRED SIGNATURE:	
Signature of a member	or an authorized representative of a member.
	accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State
	menon submitted in a document to the Department of State
constitutes a third degree felon	vias provided for in < 817 155 F.S.
constitutes a third degree felon	y as provided for in s.817.155, F.S.

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)