Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

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Tc:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845) 425-0077 : (845)818-3588 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

D1	Address:			
EIIIM 1 1	ACICLESS.			 

## FLORIDA LIMITED LIABILITY CO. ACS Image 12 Portfolio 2021, LLC

Tertificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLOR	RIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
ACS Image 12 Portfolio 2021, LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
l Carter Lane	1 Carter Lane
Wesley Hills, NY 10952	Wesley Hills, NY 10952
Designation of the Control of the Co	onletered Agent's Signature
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.)	istered Agent. You must designate an individual or
The name and the Florida street address of the registered ager	nt are:

Mendel Gold Name 4007 Yarmouth A Florida street address (P.O. Box NOT acceptable) Boca Raton State City

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 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

\* Page: 3 of 3

From: Vcorp Services, LLC

Title:		Name and Address:	
"AMBR" = A	uthorized Member		
"MGR" = Ma			
AMBR	<del></del>	Mendel Gold	
		! Carter Lane	<del></del>
		Wesley Hills, NY 10952	
			· <del></del>
Use attachme	ent if necessary)		
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