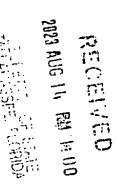
L23000381007

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Operation in the state of the s

Office Use Only



800413414078



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/14/2023			~ WALK	<i>I</i> V*
ENTITY NAME Voorhee	es Road Parent LLC			
DOCUMENT NUMBER_				
	PLEASE FILE THE	ATTACHED AND RETURN		
xxxxxxx	Plain Copy			
	Certified Copy			
	Certificate of Status			
	Certified Copy of Arts of Certificate of Good Stand			
	APOSTILLE' / NO	OTARIAL CERTIFICATION		
COUNTRY OF DESTINAT	70N			
NUMBER OF CERTIFICA	TES REQUESTED			
TOTAL OWED \$125		ACCOUNT #: I20160000072		
		S 8 FM		
Places well Time at to	ka ahawa umuhan kan a	nu issues or concerns. Thank was so	mach!	

COVER LETTER

TO: New Filing Sec Division of Cor			
SUBJECT: Voorhees Ro	ad Parent		
tat.t	Name of Lim	ited Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this matt	er to the following:	
		Name of Person	
		Finn/Company	
		Address	<u> </u>
	Ci	ity/State and Zip Code	
	E-mail address: (to be used t	for future annual report notification	mi
For further information co	ncerning this matter, please	call:	
Nan	at (ne of Person Ar	rea Code Daytime Telephon	e Number
Enclosed is a check for t	he following amount:		
0\$125.00 Filing Fee	0\$130.00 Filing Fee & Certificate of Status	D\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	D\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address	Street Address New Filing Section Di	ėvision

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

New Filing Section Division
The Centre of Tallahassee
2415 N. Montoe Street, Suite 810
Tallahassee, FL 32303

ARRICLESOFORGANIZATIONFORFU>RIDAUMRIEDLIABILRIYOOMPANY

	E I - Name: c of the Limited Liability	v Company is:		
	Voorhees Road Pare		Linkitin Com	ipany, "L.L.C.," or "LLC.")
	(Must come	in the words. Lumbed	главниў Соп	ipany, thinking or title.
	E II - Address: ng address and street ad	dress of the principal of	fice of the Lin	nited Liability Company is:
	Princips	nl Office Address:		Mailing Address:
	5221 Wooddale Av	enue		5221 Wooddale Avenue
	<u> Edina, Mînnesota 5</u>	5424		Edjna, Minnesota 55424
The name	and the Florida street a	155 Office Plaza Dr	Services LLC Name	
		_Florida street addres	S (F,O, BOV.	iver acceptance
		Tallahassee, FL 32301		
		City	State	Zip
place desig further agr	nated in this certificate. Se to comply with the pro	I hereby accept the appo ovisions of all statutes re	ontment as reg lating to the p	or the above stated limited liability company at the gistered agent and agree to act in this capacity. It is oper and complete performance of my duties, and agent as provided for in Chapter 605, F.S By
			/s/ St	even Friedman
		Registi	ered Agent's S	ignature (REQUIRED)
			(CONTINU	ED)

ARTICLEIV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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

		Name and Addrew	
	athorized Member		
"MGR"~ Man	ager		
MGR		Freund, Nathan	
	_	338 WHITESVILLE ROAD	
		JACKSON, NJ 08527	
	<u></u>		
	_		
	_		
	-		
	_		
			
	_		
	_		
(Use attachme	int if necessary)		
CLE VI: Other pr	e date on the Department of Ste ovisions, if any.	ite's records.	
REQUIRED	SIGNATURE:		
		/s/ Nathan Freund	
	This doe ent is executed in I am aware that any false info	or an authorized representative of accordance with section 605,0202 rmation submitted in a document to my as provided for in s.817,155. F	3 (I) (b), Florida Statutes, o the Department of State
		Nathan Freund	
	Ту	ped or printed name of signee	
\$125.00 File	ng Fee for Articles of Organiz:	Films fres: ation and Designation of Register	red Agent