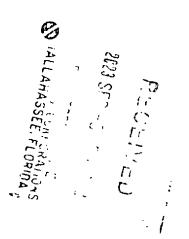
## L23000 421677

	(Requestor's Name)	
	(Address)	
	(Address)	···
	(City/State/Zip/Phone #)	···
PICK-UP	☐ WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	_ Certificates of S	Status
Special Instructions to	Filing Officer:	





600415230976



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-7 \* 10: 45

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 09/08/202	23	**WALK IN*
ENTITY NAME 15t	h Street East ALF Parer	nt LLC
DOCUMENT NUMI	BER	
	**PLEASE FILE	THE ATTACHED AND RETURN**
xxxxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
	**PLEASE OBTAIN THE	FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Art	ts & Amendments
	Certified Copy of Ar	ts & Amendments Complete File (Inclading Annual Reports)
	Certificate of Status	
	Certificate of Status	Reflecting:
	**APOSTILLE'/	NOTARIAL CERTIFICATION**
COUNTRY OF DEST	INATION	
TOTAL OWED \$_12	25.00	ACCOUNT # 120160000072 4: 1
Please call Tina i	at the above number for	any issues or concerns. Thank you so much!

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company ic			
The name of the Limited Liabii	ny Company is.			
15th Street East AL	F Parent LLC		<u></u>	
	tain the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal c	office of the Limit	ed Liability Company is:	
Principal Office Address:			Mailing Address:	
338 WHITESVILLE ROAD		33	338 WHITESVILLE ROAD	
JACKSON, NJ 085			ACKSON, NJ 08527	
	<u> </u>	<del></del>		
The name and the Florida street	active Florida registration	on.) d agent are:	t. You must designate an individual or	
	Platinum Agent Serv	rices LLC Name	<del></del>	
		Name		
	155 Office Plaza Dr		<del></del> _	
	Florida street addres	s (P.O. Box <u><b>NOT</b></u>	acceptable)	
	Tallahassee,	FL	32301	
	City	State	Zip	
place designated in this certificate further agree to comply with the p	e, I hereby accept the app provisions of all statutes r	ointment as regist elating to the prop	the above stated limited liability company at the ered agent and agree to act in this capacity. I ber and complete performance of my duties, and I at as provided for in Chapter 605, F.S	
		/s/Steven Friedma	an	
	Regist	ered Agent's Sigr	nature (REQUIRED)	
		(CONTINUEI	<b>)</b> )	

ARTICLE IV-

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

Title: "AMBR" = Author	
"MGR" = Manager <u>MGR</u>	
<del></del>	
(Use attachment if i	
If an effective date is listed, he date of filing.) Note: If the date inserted in	if other than the date of filing:
ARTICLE VI: Other provision	
REOUIRED SIGN	ATURE:
	/s/NATHAN FREUND
I aı	Signature of a member or an authorized representative of a member. s document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, a aware that any false information submitted in a document to the Department of State stitutes a third degree felony as provided for in s.817.155, F.S.
	NATHAN FREUND
	Typed or printed name of signee

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)