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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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MIALLAHASSEE, FLORIDA

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2025 - ,

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE	09/08/2023			**WALK IN**
ENTITY !	NAME 15th Stree	et East SNF Parent LLC		
DOCUME	ENT NUMBER			
		PLEASE FILE THE ATTA	ACHED AND RETURN	
xxxxx	«xx_	Plain Copy		
		Certified Copy Certificate of Status		
	P[EASE OBTAIN THE FOLLOWIN	NG FOR THE ABOVE ENTITY	
<u></u>		Certified Copy of Arts & Amend		
		Certified Copy of Arts & Amend Certificate of Status	ments Complete File (Including Annaal Rep	ports)
		Certificate of Status Reflecting:		
		APOSTILLE' / NOTARI	AL CERTIFICATION	
	OF DESTINATION OF CERTIFICATES	•		_
TOTAL O	wED \$ 125.00		ACCOUNT # 120160000072 4	1: L DW
Please c	all Tina at the	above number for any issu	es or concerns. Thank yoa so	mach!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabili	ty Company is:			
15th Street East SNF		Linkility Comm	any, "L.L.C.," or "LLC.")	
(Must con	ain the words "Limited	Liability Comp	any, L.E.C., or LEC.	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Lin	nited Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Addr	ess:
338 WHITESVILLE	EROAD		338 WHITESVILLE ROAD	
JACKSON, NJ 0852			JACKSON, NJ 08527	
			 .	<u> </u>
another business entity with an The name and the Florida street	_	l agent are:		
		Name		
	155 Office Plaza Dr			
	Florida street addres	s (P.O. Box 🕂	OT acceptable)	
	Tallahassee,	FL	32301	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the plam familiar with and accept the older.	, I hereby accept the app rovisions of all statutes r	ointment as reg elating to the pi	istered agent and agree to act . oper and complete performand	in this capacity. I ce of my duties, and I
		/s/Steven Fried	man	
	Regist	ered Agent's S	ignature (REQUIRED)	
		(CONTINU	ED)	

2020 7 - - J. P. 10: 4:

ARTICLE IV-

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

"AMBR" = Am		Name and Address:	
	thorized Member		
"MGR" = Mana	ager		
MGR		NATHAN FREUND	
 		338 WHITESVILLE ROAD	
		JACKSON, NJ 08527	
			
(Use attachmen	it if necessary)		
	date on the Department	neet the applicable statutory filing requirements, this date will not be of State's records.	
LE VI: Other pro	visions, if any.		
•			
			
			-
	IGNATURE:		
	IGNATURE: /s/NA Signature of a me This document is execu I am aware that any false		
	Signature of a me This document is execular aware that any false constitutes a third degree	THAN FREUND ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.	-
	IGNATURE: /s/NA Signature of a me This document is execu I am aware that any false	THAN FREUND ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.	
REQUIREDS	/s/NA* Signature of a me This document is execu I am aware that any false constitutes a third degree NATHAN FREL	THAN FREUND ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b). Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S. JND Typed or printed name of signee Filing Fees:	
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S125.00 Filin \$ 30.00 Cert	/s/NA* Signature of a me This document is execu I am aware that any false constitutes a third degree NATHAN FREL	THAN FREUND ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S. JND Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent	