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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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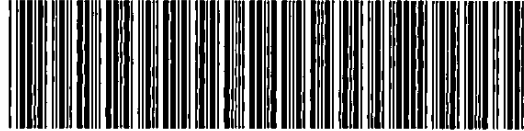
(Business Entity Name)

(Document Number)

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DEPT. OF CORPORATIONS  
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August 30, 2007

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Latitude 2009, LLC

**FILED**  
 07 AUG 30 PM 2:43  
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**Filing Evidence**

- Plain/Confirmation Copy
- Certified Copy

**Type of Document**

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

**Retrieval Request**

- Photocopy
- Certified Copy

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**Articles of Organization  
For  
Latitude 2009, LLC  
Florida Limited Liability Company**

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**ARTICLE I - Name:**

The name of the Limited Liability Company is Latitude 2009, LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

175 South West 7 Street  
Suite 2009  
Miami, Florida 33130

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature:**

The name and the Florida street address of the registered agent are:

Christopher Lyons  
175 South West 7 Street  
Suite 2009  
Miami, Florida 33130

*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 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.*

\_\_\_\_\_  
Christopher Lyons, Registered Agent

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Christopher Lyons  
1200 Brickle Avenue  
Suite # 1620  
Miami, Florida 33131

  
\_\_\_\_\_  
Meghan Record, Organizer