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SECRETARY OF STATE
JALLAHASSEE, ELORID

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Latitude 182, LLC Name of	Limited Liability Company	<u> </u>
The er	nclosed Articles of Organization and fee(:	s) are submitted for filing	
	return all correspondence concerning thi	_	
	Mandy Pavlakos, Esq.	Name of Person	
	Law Office of Mandy Maloy-Pay	/lakos, P.A. Firm/Company	
	142 West Lakeview Ave., Suite	2090 Address	
	Lake Mary, FL 32746	City/State and Zip Code	
<u>D</u>	aniel Vargas Guerrero E-mail address: (to be	used for future annual report notifica	ation)
For fu	rther information concerning this matter,	please call:	
<u>Mand</u>	ly Pavlakos a Name of Person	at (<u>407</u>) <u>688-1301</u> Area Code Daytime Te	lephone Number
Enclos	sed is a check for the following amount:		
☑ \$125.0	00 Filing Fee 2 Certificate of Status	_	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Add Registration Section Division of Corporat Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Latitude 182, LLC	•	•
	ted Liability Company, "L.L.C.," or "	LLC.")
ARTICLE II - Address:		
The mailing address and street address of the principal	l office of the Limited Liability Comp	pany is:
Principal Office Address:	Mailing Address:	
2656 Lake Street	2656 Lake Street	
Orlando, FL 32818	Orlando, FL 32818	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its or another business entity with an active Florida registra	wn Registered Agent. You must designtion.)	
The name and the Florida street address of the register	red agent are:	
<u>Daniel Vargas Guerrero</u> Na	me	
2656 Lake Street		
Florida street address (P.O. E	Box NOT acceptable)	
Orlando	FL 32818	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby accepacity. I further agree to comply with the provisio of my duties, and I am familiar with and accept the Ch	cept the appointment as registered age ns of all statutes relating to the proper	ent and agree to act in this r and complete performance
Registered Agent's Sig	gnature (REQUIRED)	一
•		OEC AHAA
(CONTI	NUED)	EE 31 RETARY RHASSE
Page 1	of2	EC31 AM 8:53 ETARY OF STATE HASSEE FLORID

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Daniel Vargas Guerrero	
WGK	2656 Lake Street	-
	Orlando, FL 32818	-
	Shards, 1 E 02010	-
MGR	Luz McCall	-
	2656 Lake Street	- ,
	Orlando, FL 32818	-
MGR	Oscar Vargas	
	472 S. Deerwood Ave.	•
	Orlando, FL 32825	
MGR	Piper Vargas	
	472 S. Deerwood Ave.	
	Orlando, FL 32825	-
(Use attachment if necessary)	·	
CLE V: Effective date, if other than the effective date is listed, the date must lite of filing.)	e date of filing: <u>January 2, 2015</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or 9	00 days
effective date is listed, the date must le of filing.) CLE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or S	90 days
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The name and address of each person authorized to manage and control the Limited Liability Company: