

L19000295857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

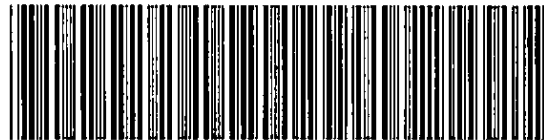
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/06/19--01026--033 **125.00

2019 DEC -9 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FL

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N CHILIGAN

12/12/19

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: LATM LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS BRITO
Name of Person
BRITO AND BRITO ACCOUNTING USA INC.
Firm/Company
407 LINCOLN ROAD SUITE 9A
Address
MIAMI BEACH FLORIDA 33139
City/State and Zip Code
BRITOANDBRITO@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS BRITO 305 534-9292
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 25, 2019

LUIS BRITO
BRITO AND BRITO ACCOUNTING USA INC
407 LINCOLN ROAD SUITE 9A
MIAMI BEACH, FL 33139

SUBJECT: LATM LLC
Ref. Number: W19000102381

We have received your document for LATM LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name release letter must be signed by an Authorized Member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 819A00024004

I **ALBERT ELIAS** AM THE OWNER OF LATM LLC, WITH THE DOCUMENT NUMBER OF **L13000080443**. I
HAVE NO INTENTIONS ON REINSTATING THE ENTITY AS A CORPORATION. PLEASE PUSH THROUGH WITH
THE NEW FILING AS **LATM LLC**, WITH THE TRACKING NUMBER OF _____

Albert Elias

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2018 DEC -9 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LATM LLC.

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

815 ORTEGA AVENUE
CORAL GABLES FL 33134

Mailing Address:

815 ORTEGA AVENUE
CORAL GABLES FL 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

BRITO AND BRITO ACCOUNTING USA INC.

Name

407 LINCOLN ROAD SUITE 9A

Florida street address (P.O. Box **NOT** acceptable)

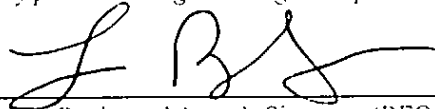
MIAMI BEACH FL 33139

City

State

Zip

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 as provided for in Chapter 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

ALBERTO ELIAS

MGR

Name and Address:

815 ORTEGA AVENUE

CORAL GABLES FLORIDA 33134

ELA ELIAS

MGR

815 ORTEGA AVENUE

CORAL GABLES FLORIDA 33139

(Use attachment if necessary)

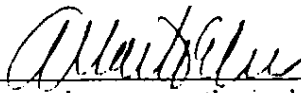
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ALBERTO ELIAS

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)

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TALLAHASSEE, FL

FILED