

L200000168762

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H20000192591 3)))



H200001925913ABC\$

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

2020 JUN 23 PM 1:18  
LAZARUS FILING SERVICE

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
LATT ASSETS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2020 JUN 23 PM 1:28

Jsk  
6/24/2020

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I – Name:** The name of the Limited Liability Company is:

**LATT Assets, LLC**

**ARTICLE II – Address:**

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

**Principal Office Address:**

11251 NW 20<sup>th</sup> Street Suite 119  
Miami, FL 33172

**Mailing Address:**

11251 NW 20<sup>th</sup> Street Suite 119  
Miami, FL 33172

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

The name and the Florida street address of the registered replace agent are replaced.

**Laura Eleonora Luciani**

11251 NW 20<sup>th</sup> Street, Suite 119  
Miami, FL 33172

*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.*

DocuSigned by:

*Laura Eleonora Luciani*

CE2B0174ACD248B...

**Registered Agent's Signature**

(CONTINUED)

Page 1 of 2

2013 JUN 23 PM 1:18  
LAZARUS CORPORATE

FILED

**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

**Manager**

**Laura Eleonora Luciani**

**Manager**

**Isaias Enrique Lattuf**

Address for the managers: 11251 NW 20th Street, #119, Miami, FL 33172

**ARTICLE V – Effective Date:** June 24<sup>th</sup>, 2020

**REQUIRED SIGNATURE:**

DocuSigned by:  
*Laura Eleonora Luciani*  
CE280174ACD24BB...

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

(In accordance with section 605.0203(1)(b), Florida  
Statutes, the execution of this document constitutes an  
affirmation under the penalties of perjury that the facts  
stated herein are true.)

**Laura Eleonora Luciani**

**Typed or printed name of signee**

FILED  
2020 JUN 23 PM 1:18  
FALL AVALANCHE, FL 33172