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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC

Account Number : I20170000097 Phone : (727)279-5037 Fax Number : (727)888-1294

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

Email Address: Jjboudreault@yahoo.com

#### FLORIDA LIMITED LIABILITY CO. Latitudes Mgt, LLC

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

Electronic Filing Menu

Corporate Filing Menu

SEP 1 1 202J



#### **COVER LETTER**

Monday, August 31, 2020

To: **New Filing Section** Division of Corporation

.

#### Subject: Latitudes Mgt, 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:

> **FL Patel Law PLLC** 360 Central Avenue 8th Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Kalpesh Patel at 727-279-5037 or e-mail at Contact@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

# ARTICLES OF ORGANIZATION FOR LATITUDES MGT, LLC

A

Florida Limited Liability Company

#### ARTICLE I. Name

The name of the Limited Liability Company is: Latitudes Mgt, LLC (the Company).

### ARTICLE II. Address

The principal office and mailing address of the Company is:

830 West IL Route 22 #242 Lake Zurich, Illinois 60047

# 20 SEP 10 PM 5: 57 SEURE FARE WESTATE TALLAHASSEE, FLORIDA

#### ARTICLE III.

Registered Agent, Registered office, & Registered Agent's Signature:

The name and the Florida Street Address of the Registered Agent are:

FL Patel Law PLLC 360 Central Avenue Suite 800 Saint Petersburg, FL 33701

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.

Hilary Zalla (sign)

FL Patel Law PLLC

## ARTICLE IV. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Address
AMBR = Authorized Member MGR = Manager	
MGR	James Boudreault 830 West IL Route 22 #242 Lake Zurich, Illinois 60047
MGR	Jodi Perez 830 West IL Route 22 #242 Lake Zurich, Illinois 60047

ARTICLE V.	2 20	
The Effective date shall be the date of filing.  (sign)	SEP 10 P	E ILE
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 1 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.		D
James Boudreault		
Authorized Representative/Member		