

1220000421074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

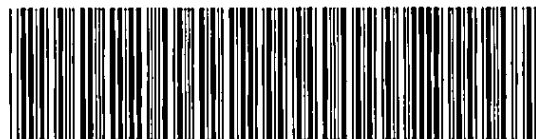
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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S. CHATHAM

SEP 29 2022

09/22/22--01006--008 **125.00

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2022 SEP 22 AM 11:23

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

FILED

2022 SEP 22 AM 11:23

22 SEP 23 PM 3:36

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LONGITUD INVESTMENT 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:

VALERIA SCHVARTZMAN

Name of Person

LAW OFFICE VALERIA SCHVARTZMAN P.A.

Firm/Company

2999 NE 191 ST SUITE 402

Address

AVENTURA, FLORIDA, 33180

City/State and Zip Code

valeria@schvlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VALERIA SCHVARTZMAN

3059740114

at ()

Name of Person

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2022

CORPORATE ACCESS, INC.

SUBJECT: LONGITUD INVESTMENT LLC
Ref. Number: W22000121599

Corrected

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

An email address cannot be the mailing address, only a physical address may be registered as the mailing address.

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

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 522A00021492

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2022 SEP 28 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LONGITUD INVESTMENT 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:

1850 S OCEAN DR. APT. 3603
HALLANDALE BCH 33009

Mailing Address:

1850 S. Ocean Dr
APT 3603
Hallandale, FL 33009

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:

LAW OFFICE VALERIA SCHVARTZMA P.A.

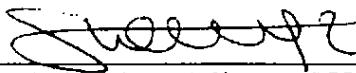
Name

2999 NE 191 ST SUITE 402

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

<u>AVENTURA</u>	<u>FLORIDA</u>	<u>33180</u>
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)

22 SEP 23 PM 3:36
DIVISION OF CORPORATE
REGISTRATION
SECRET

ARTICLE IV-

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

Title:

"AMTR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

NICOLAS SALGADO
1850 S OCEAN DRV APT 3603
HALLANDALE BCH 33009

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DIVISION OF CORPORATE
22 SEP 20 PM 3:36

(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.

Germán Salgado
Typed or printed name of signer

Filing Fees: