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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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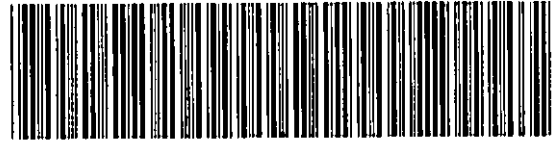
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JAN 30 PM 4:24

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FEB 13 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LATITUDE MIAMI, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ANDRES CHAGUI

Name of Person

LATITUDE MIAMI, LLC

Firm/Company

1001 BRICKELL BAY DRIVE, SUITE 2707

Address

MIAMI, FL 33131

City/State and Zip Code

CBRECHT@LATITUDELEGAL.COM

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

For further information concerning this matter, please call:

CAMILLE BRECHT

615 550-3078

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount.

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LATITUDE MIAMI, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-4298149
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 1001 BRICKEL BAY DRIVE
(Street Address of Principal Office)

6. LATITUDE MIAMI, LLC C/O LATITUDE
(Mailing Address)

SUITE 2707
PO BOX 682603

MIAMI, FL 33131
FRANKLIN, TN 37068

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kelsa E. Holton Kelsa Holton
Assistant Secretary 1/16/2020
(Registered agent's signature)

2020 JAN 16 PM 4:24

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: ANDRES CHAGUI

☒ Member Address: LATITUDE MIAMI, LLC

☐ Authorized 1001 BRICKELL BAY DR. STE 2707

MIAMI, FL 33131

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: ROSS BOOHER, CEO

☐ Member Address: LATITUDE HOLDING COMP

☒ Authorized PO BOX 682603

FRANKLIN, TN 37068

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: KEN CLARKE, PRESIDENT

☐ Member Address: LATITUDE HOLDING COMP

☒ Authorized PO BOX 682603

Person FRANKLIN, TN 37068

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

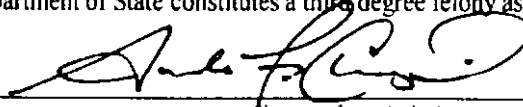
Person

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



Signature of an authorized person

ANDRES CHAGUI, PRESIDENT / LATITUDE MIAMI, LLC

Typed or printed name of signer

Delaware

The First State

Page 1


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LATITUDE MIAMI LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LATITUDE MIAMI LLC" WAS FORMED ON THE FIRST DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2020 JAN 30 PM 4:25




Jeffrey W. Bullock, Secretary of State

7777146 8300

SR# 20200557689

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202260442

Date: 01-27-20

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "LATITUDE MIAMI LLC",
FILED IN THIS OFFICE ON THE THIRTIETH DAY OF DECEMBER, A.D.
2019, AT 9:06 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF
THE AFORESAID CERTIFICATE OF FORMATION IS THE FIRST DAY OF
JANUARY, A.D. 2020.

2019 12 30 PM 4:25




Jeffrey W. Bullock, Secretary of State

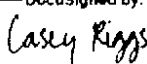
**STATE OF DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE OF FORMATION
OF
LATITUDE MIAMI LLC**

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:06 PM 12/30/2019
FILED 09:06 PM 12/30/2019
SR 20198931729 - File Number 7777146

In accordance with Section 201 of the Delaware Limited Liability Company Act, in order to form a limited liability company, the undersigned authorized person has executed this Certificate of Formation and delivers it for filing in the office of the Secretary of State of Delaware.

- (1) The name of the limited liability company is **Latitude Miami LLC**.
- (2) The address of the limited liability company's registered office in the State of Delaware is **1209 Orange Street, Wilmington, Delaware 19801, County of New Castle**, and the name of its registered agent for service of process at such address is **The Corporation Trust Company**.
- (3) This Certificate of Formation shall be effective as of, and the limited liability company shall be formed on, the later of the date of filing or the following future effective date: **January 1, 2020**.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation on the date last below written.

DocuSigned by:

05F38DF48176408

Casey W. Riggs, Authorized Person
12/30/2019
Date: _____

2019 12 30 PM 4:25