

2/1/22, 3:57 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

((H22000042196 3))



H220000421963ABC.

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

Division of Corporations  
Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)573-3996  
Fax Number : (954)208-0845

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

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

2022 FEB -2 PM 4:30

100

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 FEB -2 PM 6:32

FILED

**Foreign Limited Liability Company**  
**LATITUDE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$932.50

Help

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. LATITUDE LLC

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

LATITUDE LEGAL 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.")

TENNESSEE

81-4802870

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

3. (FEI number, if applicable)

01/20/2020

4. (Date first transacted business in Florida, if prior to registration.  
(See sections 605.004 & 605.005, F.S. to determine penalty liability))

725 COOL SPRINGS BLVD, SUITE 600

PO BOX 682603

5. (Street Address of Principal Office)

6. (Mailing Address)

FRANKLIN, TN 37067

FRANKLIN, TN 37068

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

33324

(City)

, Florida

(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.

C T Corporation System

By: Kaity Toon, Asst. Secretary

(Registered agent's signature)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: ROSS BOOHER	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 725 COOL SPRINGS BLVD	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SUITE 600, FRANKLIN, TN 37067	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: TONY BAKER	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 725 COOL SPRINGS BLVD	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	SUITE 600, FRANKLIN, TN 37067	<input type="checkbox"/> Authorized	_____
Person	CONTROLLER	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: KENT WOOD	 <input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 725 COOL SPRINGS BLVD	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SUITE 600, FRANKLIN, TN 37067	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

*Tony Baker*

Signature of an authorized person

TONY BAKER

Typed or printed name of signer



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**  
State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**WOLTERS KLUWER**  
WOLTERS KLUWER  
SUITE 104  
600 SOUTH 2ND STREET, SUITE 104  
SPRINGFIELD, IL 62704

February 2, 2022

**Request Type: Certificate of Existence/Authorization**  
Request #: 0457892

Issuance Date: 02/02/2022  
Copies Requested: 1

**Document Receipt**

Receipt #: 006891729 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3822857821 \$20.00

<b>Regarding:</b>	<b>Latitude LLC</b>	<b>Control #:</b>	<b>880650</b>
<b>Filing Type:</b>	<b>Limited Liability Company - Domestic</b>	<b>Date Formed:</b>	<b>01/01/2017</b>
<b>Formation/Qualification Date:</b>	<b>12/28/2016</b>	<b>Formation Locale:</b>	<b>TENNESSEE</b>
<b>Status:</b>	<b>Active</b>	<b>Inactive Date:</b>	
<b>Duration Term:</b>	<b>Perpetual</b>		
<b>Business County:</b>	<b>WILLIAMSON COUNTY</b>		

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Latitude LLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 051460016