

APR/07/2014/MON 12:35 PM

FAX No.

P. 001

P14000031305

Florida Department of State  
Division of Corporations  
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STATE OF FLORIDA  
TALLAHASSEE

2014 APR -7 AM 11:40

REGISTRATION  
DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION  
LATITUDE 2580, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

1/4

APR/07/2014/MON 12:38 PM

FAX No.

FILED P. 002  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2014 APR -7 AM 11:40

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: LATITUDE 2580, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8411 NW 8 STREET

APT 302

MIAMI, FL 33126

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

SHARES: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: PRIDO A. POLANCO (P/D)

Name and Title: \_\_\_\_\_

Address 8411 NW 8 STREET

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

APT: 302

MIAMI, FL 33126

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

SECRETARY OF STATE  
DIVISION OF CORPORATE REGISTRATION (cont.)

2014 APR -7 AM 11:40

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: PRIDO A. POLANCO  
 Address: 8411 NW 8 STREET APT 302  
MIAMI, FL 33126

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PRIDO A. POLANCO  
 Address: 8411 NW 8 STREET APT 302  
MIAMI, FL 33126

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
 Required Signature/Registered Agent

04/07/2014  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

\_\_\_\_\_  
 Required Signature/Incorporator

04/07/2014  
Date