

P22000066315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

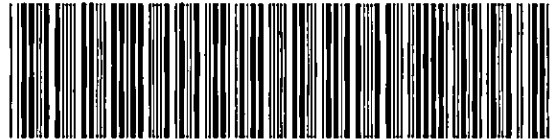
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
AUG 25 2022

08/25/22--01001--004 **87.50

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2022 AUG 24 PM 4:42
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 AUG 24 PM 3:09

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Latitude Manager, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Kevin A. Denti, Esquire
Name (Printed or typed)

2180 Immokalee Road - Suite #316
Address

Naples, Florida 34110
City, State & Zip

239-260-8111
Daytime Telephone number

kdenti@dentilaw.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 8/24 Glinda

XX CERTIFIED COPY

☐ PHOTOCOPY

XX CUS

XX FILING ARTICLES

1. LATITUDE MANAGER, INC.

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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 Manager, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
999 Vanderbilt Beach Road
Suite #701
Naples, Florida 34108

Mailing address, if different is:
999 Vanderbilt Beach Road
Suite #701
Naples, Florida 34108

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in all lawful businesses
authorized by Florida law

ARTICLE IV SHARES

The number of shares of stock is: 1,000

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 AUG 24 PM 3:09

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Walter S. Hagenbuckle-President Name and Title: Walter S. Hagenbuckle-Director

Address 999 Vanderbilt Beach Road Address: 999 Vanderbilt Beach Road
Suite #701 Suite #701
Naples, Florida 34108 Naples, Florida 34108

Name and Title: Albert Livingston-Vice President Name and Title: Albert Livingston - Director
Address 999 Vanderbilt Beach Road Address: 999 Vanderbilt Beach Road
Suite #701 Suite #701
Naples, Florida 34108 Naples, Florida 34108

Name and Title: Steven Harper - Secretary Name and Title: Nicholas Vician - Treasurer
Address 999 Vanderbilt Beach Road Address: 999 Vanderbilt Beach Road
Suite #701 Suite #701
Naples, Florida 34108 Naples, Florida 34108

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: Kevin A. Denti, Esquire

Address: 2180 Immokalee Road-Suite #316

Naples, Florida 34110

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kevin A. Denti, Esquire

Address: 2180 Immokalee Road-Suite #316

Naples, Florida 34110

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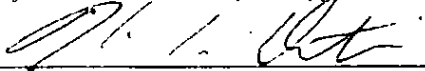
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the 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.

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

8/24/22
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

8/24/22
Date