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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

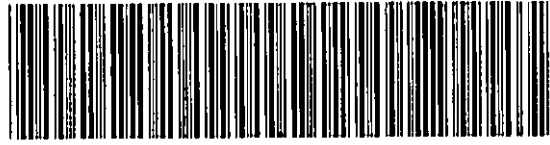
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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 at (615) 550-3078
Name of Contact Person Area Code Daytime Telephone Number

2007
03
11:24

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)
SUITE 2707
MIAMI, FL 33131
6. LATITUDE MIAMI, LLC C/O LATITUDE (Mailing Address)
PO BOX 682603
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)

2020 JUN 30 11:44:24

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.

Kelisa E. Holton
Assistant Secretary 4/16/2020
(Registered agent's signature)

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
Person MIAMI, FL 33131
 Other _____ Other _____

Title or Capacity: **Name and Address:**
 Manager Name: ROSS BOOHER, CEO
 Member Address: LATITUDE HOLDING COMP
 Authorized PO BOX 682603
Person FRANKLIN, TN 37068
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

Manager Name: KEN CLARKE, PRESIDENT
 Member Address: LATITUDE HOLDING COMP
 Authorized PO BOX 682603
Person FRANKLIN, TN 37068
 Other _____ Other _____

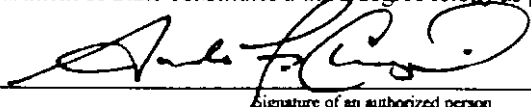
Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

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 signee

2023
MAY 30
PM 11:21

Delaware

Page 1

The First State

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

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SR# 20200557689

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

Authentication: 202260442

Date: 01-27-20

Delaware


The First State

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 30 PM 4:25




Jeffrey W. Bullock, Secretary of State

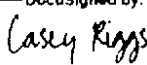
State of Delaware
Secretary of State
Division of Corporations
Delivered 09:06 PM 12/30/2019
FILED 09:06 PM 12/30/2019
SR 20198931729 - File Number 7777146

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

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:

06F38DF48176408

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

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