P.01/02

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000089056 3)))

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

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: GUNSTER, YORKLEY, ETAL. (WEST PALM BEACH)

Account Number : 076117000420 Phone

: (561)650-0728

Fax Number

: (561) 555-5677

LIMITED LIABILITY COMPANY

Latrobe, LLC

Certificate of Status	1
Certified Copy	1
Page Count	-019
Estimated Charge	\$160.00

Examiner

Document.

Name Availability

HACKORIO FILITO MATHL

Dui

Comporate Filling

Rublic Access Help.

Updater. voret, er

OCC

ino..ledgement DCC

W. P. Verifyer

UUC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is: Latrobe, LLC

ARTICLE II - Address:

The mailing address and the street address of the principal office of the Limited Liability Company is:

11450 Southeast Dixie Highway Suite 202 Hobe Sound, Florida 33455

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Finn M. W. Caspersen 11450 Southeast Dixie Highway Suite 202 Hobe Sound, Florida 33455

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 certificate, 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 relating to the proper and complete performance of my duties, and i am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Finn M. W. Caspersen

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member are as follows:

Title

Name and Address

Managing Member

Eloy Michotte

11450 Southeast Dixle Highway, Suite 202

Hobe Sound, Florida 33455

REQUIRED SIGNATURE:

Eloy Michotte Janaging Member

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

WPB 762366.1

H04000089056 3