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Carmen Colitz and Federico Latimer 300 S. Central Blvd Jupiter, FL 33458

October 22, 2015

To Whom It May Concern:

This letter accompanies the application for forming a Florida Limited Liability Company. The name of the company is Lati-Col, LLC.

The address is: 300 S. Central Blvd Jupiter, FL 33458 Phone number is: 561-741-4041

If you have any questions or concerns, please contact us at above phone number.

Sincerely

Carmen Colitz, DVM, PhD, DACVO

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJEC	Lati-Col, LLC	
SUBJEC		e of Limited Liability Company
The encl	osed Articles of Organization and t	ee(s) are submitted for filing.
Please re	eturn all correspondence concerning	g this matter to the following:
	Dr. Carmen Colitz	
		Name of Person
		Firm/Company
	300 S. Central Boulevard,	
		Address
	Jupiter, FL 33458	
	ccolitz@gmail.com	City/State and Zip Code
		be used for future annual report notification)
For further	r information concerning this matte	r, please call:
	Dr. Carmen Colitz	561 676-6419
	Name of Person	_at () Area Code Daytime Telephone Number
Enclosed	is a check for the following amou	nt:
	Filing Fee \$130.00 Filing F Certificate of St	ee & \$155.00 Filing Fee & \$160.00 Filing Fee,
	Mailing Address	Street Address
	New Filing Section	New Filing Section Division of Corporations

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:				
Lati-Col, LLC (Must end	with the words "Limite	d Liability Compan	y, "L.L.C.," or "LLC.")	************	
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	office of the Limited	l Liability Company is:		15 0
<u>Princip</u>	al Office Address:		Mailing Address:	. 1-	0CT 2
300 S. Central Boule	vard		S. Central Boulevard		9
Suite A Jupiter, FL 33458		Suit	ter, FL 33458	r:	PK 12: 14
(The Limited Liability Company another business entity with an a The name and the Florida street a	etive Florida registrati	on.) d agent are: Name	Tou must designate all murviot	iai ote	
	Florida street addre	,	acceptable)		
	Jupiter	FL	33458		
	City	State	Zìp		
Having been named as registered of place designated in this certificate, further agree to comply with the pr am familiar with and accept the ob	I hereby accept the approvisions of all statutes in ligations of my position	oointment as register relating to the prope	red agent and agree to act in this r and complete performance of n as provided for in Chapter 605, ture (REQUIRED)	s capacity. ny duties,	. <i>I</i>

Page 1 of 2

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			S
AMBR	Dr. Federico Latimer	· · · · ·	
	300 S. Central Boulevard, Suite A		
	Jupiter, FL 33458		ر ع
			Ű,
AMBR	Dr. Carmen Colitz		
	300 S. Central Boulevard, Suite A	71	
	Jupiter, FL 33458	***	7.5
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Use attachment if necessary)			
EV: Effective date, if other than the da	ate of filing: (OP' specific and cannot be more than five business days		r 90
EV: Effective date, if other than the date ctive date is listed, the date must be sf filing.) the date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days t meet the applicable statutory filing requirements, the	s prior to o	
EV: Effective date, if other than the da ctive date is listed, the date must be s f filing.)	specific and cannot be more than five business days t meet the applicable statutory filing requirements, the	s prior to o	
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EV: Effective date, if other than the date citive date is listed, the date must be stifiling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a 1 This document is exect I am aware that any fair	t meet the applicable statutory filing requirements, that of State's records. member of an authorized representative of a memorated in accordance with section 605.0203 (1) (b), Fillse information submitted in a document to the Department fellony as provided for in s.817.155, F.S.	nis date will	not

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)