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| | (Requestor's Name) |
|------------------|--------------------------|
| | |
| | (Address) |
| | (Address) |
| - | (City/State/Zip/Phone #) |
| PICK-U | P WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| | |

Special Instructions to Filing Officer:

A. LUNT

JUL 21 2009

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SECRETARY OF STATE

FILED

COVER LETTER

| то: | Registration Section Division of Corporations |
|--------------------|---|
| SUBJE | |
| | Name of Limited Liability Company |
| The end Existen | losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida |
| Please 1 | eturn all correspondence concerning this matter to the following: |
| | Christina N. Womack |
| | Name of Person |
| | King, Krebs & Jurgens |
| | Firm/Company |
| | 201 St. Charles Avenue, Suite 4500 |
| | Address |
| | New Orleans I A 70170 |
| | New Orleans, LA 70170 City/State and Zip Code |
| | ony other and 2.p does |
| | cwomack@kingkrebs.com |
| | E-mail address: (to be used for future annual report notification) |
| For furt | her information concerning this matter, please call: |
| | Christina N. Womack at (504) 569-1762 |
| | Name of Person Area Code & Daytime Telephone Number |
| | 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 |
| Enclos | ed is a check for the following amount: |
| | \$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Copy of Status & Certified Copy |

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

| We, the undersigned, do hereby certify that we are the Managers and/or Managing | | | | |
|--|--|--|--|--|
| Members of Latchco, L.L.C. | | | | |
| (Name of Limited Liability Company) | | | | |
| a limited liability company duly organized and existing under the laws of | | | | |
| Louisiana | | | | |
| (State or Country of Organization) | | | | |
| Because the name of this foreign limited liability company does not satisfy the | | | | |
| requirements of the s. 608.406, F.S., the limited liability company hereby adopts the | | | | |
| following name to transact business in the state of Florida: | | | | |
| Latchco Louisiana, L.L.C. | | | | |
| (Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.) | | | | |
| Date: 7/14/09 0RDF 33 | | | | |
| Signature(s) of Manager(s) and/or Managing Member(s): | | | | |
| Mai falleles | | | | |
| • | | | | |
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. | Latchco, (Name of Foreign Limited Liability Company; must include | L.L.C. "Limited Liability Company," "L.L.C.," | or "LLC.") | |
|-----|---|---|------------------------------------|-----------------|
| | Latchco Louisia | | • | |
| con | name unavailable, enter alternate name adopted for the purpose isent of the managers or managing members adopting the alternampany," "L.L.C," "LLC.") | of transacting business in Florida and atta- ate name. The alternate name must include | ch a copy of the "Limited Liabi | written lity |
| 2., | State of Louisiana 3. Jurisdiction under the law of which foreign limited liability | 20-4242102 (FEI number, if applicable | <u> </u> | _ |
| ò | company is organized) | (Fish number, it applicable | , | |
| 4. | 02/03/2006 5. (Date of Organization) | Perpetual (Duration: Year limited liability companexist or "perpetual") | y will cease to | • |
| 6. | N/A | | 7, 23 | _ |
| | (Date first transacted business in Floric (See sections 608.501 & 608.502 F.S. to | da, if prior to registration.) determine penalty liability) | ECT ECT | |
| 7. | 1659 Nina Highway, Breaux Bridge, LA 70517 | | SECRETARY | |
| | | | ~~~ | T T |
| | (Street Address of | Principal Office) | <u>بر</u> م | |
| 8. | If limited liability company is a manager-managed co | ompany, check here | FLORID | မှ သ |
| 9. | The name and usual business addresses of the manag | ing members or managers are as fol | \triangleright | |
| | Ron Latiolais, P. O. Box 280, Breaux Bridge, LA | A 70517 | | - |
| | Joe Culotta, P. O. Box 280, Breaux Bridge, LA | 70517 | | |
| | Carrol Castille, P. O. Box 280, Breaux Bridge, L | A 70517 | | • |
| hej | Attached is an original certificate of existence, no more than 90 day jurisdiction under the law of which it is organized. (A photocopy is slation of the certificate under oath of the translator must be submitted. | not acceptable. If the certificate is in a foreign | | ords in |
| 11. | Nature of business or purposes to be conducted or pr | romoted in Florida: General Co | ontracting | |
| - | A Add | | | |
| | Kan Lalidais | | | |
| | Signature of a member or an author (In accordance with section 608.408(3), F.S., an affirmation under the penalties of perjury | orized representative of a member. the execution of this document constitutes that the facts stated herein are true.) | | |
| | Kon Latiolais | | • | |
| | Typed or printed na | ame of signee | | |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is: | |
|--|----------------------------|
| Latchco, L.L.C. | |
| If unavailable, the alternate to be used in the state of Florida is: | |
| 2. The name and the Florida street address of the registered agent and office are: | SECRETAR TALLAHASS |
| CT Corporation System | ASS. 20 |
| (Name) | PE P |
| 1200 South Pine Island Rd. | - EN 23 |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | Z: 33 TATE ORIDA |
| Plantation/Ft/33324 | I |
| City/8tate/2ip | |
| Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment a agent and agree to act in this capacity. I further agree to comply with the provisions of all starelating to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the property of the above stated agent as provided for in Chapter 608, Florida Statute E.A. Wallace | registered ututes cept the |
| (Signature) Assistant Secretary | |

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

United States of America State of Louisiana



As Secretary of State, Jay Dardenne, I do hereby Certify that

LATCHCO, L.L.C.

A limited liability company domiciled in BREAUX BRIDGE, LOUISIANA,

Filed charter and qualified to do business in this State on February 6, 2006,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set My hand and caused the Seal of my Office To be affixed at the City of Baton Rouge on,

June 22 2009

Secretary of State 36113397K

OF LOUIS

AT OF LOUIS

AT OF LOUIS

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Certificate ID: 20090622001699

To validate this certificate, visit the following web site, go to Commercial Division, Validate Certificate, then follow the instructions displayed.

www.sos.louislana.gov