

LO2000005937

Carole Larson  
15427 E. Pond Walk Dr  
Tampa, FL 33618

3/1

RE: articles of  
organization  
Larson & Associates, LLC

ALJH

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

000005064140--6  
-03/07/02--01048--009  
\*\*\*\*130.00 \*\*\*\*130.00

CUS

To whom it may concern,  
I have enclosed ck # 1188  
for the amt. of \$130.00 (\$100.00 filing  
\$25.00 Designation of  
Registered agent  
\$5.00 Certificate of Status)

My daytime telephone  
number is 813-380-6847 or 813-265-3889

Thank you,  
Carole Larson

FILED  
02 MAR -7 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Larson & Associates, L.L.C.

## ARTICLE II - Address:

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

15427 East Pond Woods Drive  
Tampa, FL 33618

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

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

Carole Seewer Larson 15427 East Pond Woods Drive  
Name  
Tampa, FL 33618  
Florida street address (P.O. Box **NOT** acceptable)  
FL  
City, State, and Zip

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..

Carole S. Larson  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Carole S. Larson  
Signature of a member or an authorized representative of a 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.)

Carole Seewer Larson  
Typed or printed name of signee

Carole Seewer Larson

### Filing Fees:

- ☒ \$100.00 Filing Fee for Articles of Organization
- ☒ \$25.00 Designation of Registered Agent
- ☐ \$30.00 Certified Copy (Optional)
- ☒ \$5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA