

L090000048527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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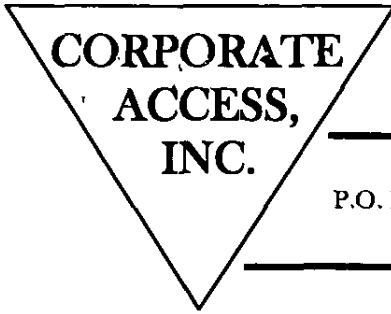
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SECRETARY OF STATE  
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EXAMINER



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LLC

1. LARSON Consulting Services, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLES OF ORGANIZATION  
OF  
LARSON CONSULTING SERVICES, LLC

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TALLAHASSEE, FLORIDA

ARTICLE I

NAME

The name of the Limited Liability Company is LARSON CONSULTING SERVICES, LLC.

ARTICLE II

ADDRESS

The mailing address of the Limited Liability Company's principal office is 10151 University Blvd., #117, Orlando, FL 32817-1904.

The street address of the Limited Liability Company's principal office is 1570 Handleman Drive, Oviedo, FL 32765-9511.

ARTICLE III

DURATION

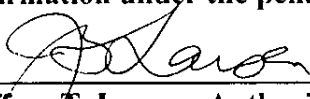
The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV

MANAGEMENT

The Limited Liability Company is to be managed by the member who is designated, appointed, or elected to act as the managing member in accordance with the Operating Agreement of the Limited Liability Company.

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

  
\_\_\_\_\_  
Jeffrey T. Larson, Authorized Representative

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

**UNDER THE PROVISIONS OF F.S. 608.415, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.**

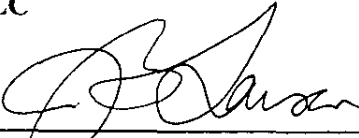
**The name of the limited liability company is LARSON CONSULTING SERVICES, LLC.**

**The name and the Florida street address of the registered agent is:**

**Jeffrey T. Larson  
1570 Handleman Drive  
Oviedo, FL 32765-9511**

**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.**

**LARSON CONSULTING SERVICES,  
LLC**

  
By: Jeffrey T. Larson

  
\_\_\_\_\_  
**Jeffrey T. Larson  
Registered Agent**