

L14000194441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

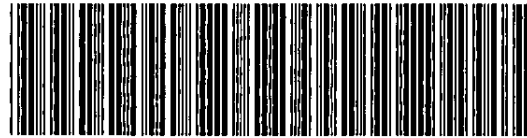
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W14-74701, name not  
avail

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EFFECTIVE DATE 01-01-15

12/11/14--01016--002 \*\*125.00

FILED

2014 DEC 22 P 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 23 2014

EXAMINER

RECEIVED

14 DEC 22 AM 10:00

December 22, 2014  
DIVISION OF CORPORATIONS  
COMMERCIAL  
INFORMATION SERVICES

**Subject: Consent letter to open Neri Ann Larson, LLC.  
Reference No. W14000074701**

Dear Barbara Bostick,

This is in response to Letter Number 014A00026552. This letter says that Neri Ann Larson, LLC has a name conflict with P13000038863. Please be informed that I have no intention to continue Neri Ann Larson, PA.

I consent to open Neri Ann Larson, LLC. I can be reached at 904-888-1445 if you need more clarification.

Sincerely,

*Neri Ann Larson* 12/22/14

Neri Ann Larson

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Neri Ann Larson, LLC.  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Neri Ann Larson  
Name of Person

Firm/Company

2135 Ashland St.  
Address

Jacksonville, FL 32207  
City/State and Zip Code

neri.larson@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Neri Ann Larson at ( 904 ) 888-1445  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee  
☐ \$130.00 Filing Fee & Certificate of Status  
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  
☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Neri Ann Larson, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2233 Park Ave Suite 500  
Orange Park FL 32073

Mailing Address:

2135 Ashland St.  
Jacksonville, FL 32207

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Neri Ann Larson

Name

2135 Ashland St.

Florida street address (P.O. Box NOT acceptable)

Jacksonville

City

FL

32207

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 605, F.S.

Neri Ann Larson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Manager

**Name and Address:**

Neri Ann Larson  
2135 Ashland St  
Jacksonville, FL 32207

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Jan. 1, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

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

**REQUIRED SIGNATURE:**

Neri Ann Larson

**Signature of a member or an authorized representative of a member.**  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Neri Ann Larson  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

**FILED**  
2014 DEC 22 P 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 16, 2014

NERI ANN LARSON  
2135 ASHLAND STREET  
JACKSONVILLE, FL 32207

SUBJECT: NERI ANN LARSON, LLC  
Ref. Number: W14000074701

2014 DEC 22 P 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

We have received your document for NERI ANN LARSON, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P13000038863.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 014A00026552