

1/30/25, 1:37 PM

Division of Corporations

L25000038031

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)389-0502

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
Larson Family Estate LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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T-3.14
1/31/25

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Larson Family Estate 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:

Erik Treutlein

Name of Person

Legalzoom.com, Inc.

Firm/Company

9900 Spectrum Drive

Address

Austin, TX 78717

City/State and Zip Code

dexsa@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erik Treutlein 323 962-8600 ext. 9724
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

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

Street Address

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Larson Family Estate LLC

(Must contain 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:**Mailing Address:**

17472 Old Harmony Dr Apt 202

Fort Myers, FL, 33908

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:

John W Larson

Name

17472 Old Harmony Dr Apt 202

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

Fort Myers

FL

33908

City

State

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.

/s/ John W Larson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

John W Larson

17472 Old Harmony Dr Apt 202

Fort Myers, FL 33908

AMBR

Linda J Larson

17472 Old Harmony Dr Apt 202

Fort Myers, FL 33908

AMBR

Kimberly R Kyle

17472 Old Harmony Dr Apt 202

Fort Myers, FL 33908

AMBR

Benjamin J Kyle

17472 Old Harmony Dr Apt 202

Fort Myers, FL 33908

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

/s/ John W Larson

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

John W Larson

Typed or printed name of signer

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)

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FILED
JAN 30 2025
CLERK OF COURT
STATE OF FLORIDA
FORT MYERS

Attachment to
Articles of Organization for
/s/ John W Larson

Additional members of the Limited Liability Company are:

<u>Name of Member</u>	<u>Address</u>
Robert J Larson	17472 Old Harmony Dr Apt 202, Fort Myers, FL, 33908
Julie Larson	17472 Old Harmony Dr Apt 202, Fort Myers, FL, 33908
Stephanie J Larson	17472 Old Harmony Dr Apt 202, Fort Myers, FL, 33908
Jennifer M Sershon	17472 Old Harmony Dr Apt 202, Fort Myers, FL, 33908
Robert A Sershon	17472 Old Harmony Dr Apt 202, Fort Myers, FL, 33908
Andrew R Larson	17472 Old Harmony Dr Apt 202, Fort Myers, FL, 33908
Hayley R Larson	17472 Old Harmony Dr Apt 202, Fort Myers, FL, 33908

/s/ John W Larson

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