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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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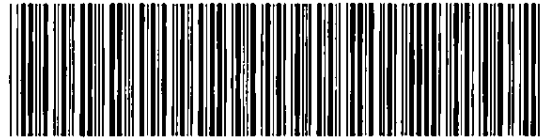
(Business Entity Name)

(Document Number)

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2024 MAR -5 PM 3:30  
SECRETARY OF STATE

T. LEMIEUX  
MAR 21 2024

MS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LANSON ESTATES, LLC

Name of Limited Liability Company

3-1-24

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

SANDY HOGUE

Name of Person

LIBERIS LAW FIRM, P.A.

Firm/Company

212 W. INTENDENCIA STREET

Address

PENSACOLA, FL 32502

City/State and Zip Code

ASSISTANT@LIBERISLAW.COM

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

For further information concerning this matter, please call:

SANDY HOGUE

Name of Contact Person

at (850)

Area Code

438-9647 EXT. 6

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &

Certificate of Status

☐ \$155.00 Filing Fee &

Certified Copy

☐ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LANSON ESTATES, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. WYOMING  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 3870 Plantation Cove Court  
(Street Address of Principal Office)

6. 3870 Plantation Cove Court  
(Mailing Address)

Milton, FL 32583

Milton, FL 32583

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

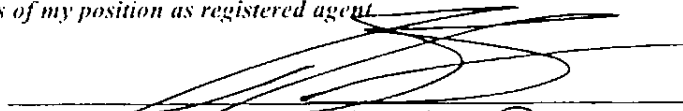
Name: BRANDON SEGERS

Office Address: 3870 Plantation Cove Court

Milton, Florida 32583  
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with  
and accept the obligations of my position as registered agent.

  
(Registered agent's signature) Brandon Segers

FILED  
2024 MAR -5 PM 3:31  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Brandon Segers</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>3870 Plantation Cove Court</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Milton, FL 32583</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

\_\_\_\_\_  
  
Signature of an authorized person

BRANDON SEGERS  
\_\_\_\_\_  
Typed or printed name of signer

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

**Lanson Estates, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **November 4, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001356104**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 1st day of March, 2024 at 2:00 PM. This certificate is assigned ID Number 070500713.



A handwritten signature in black ink, reading "Chuck Gray", is written over a horizontal line.

Secretary of State



Secretary of State

Wyoming Secretary of State  
Herschler Bldg East, Ste.100 & 101

Cheyenne, WY 82002-0020  
Ph. 307-777-7311

For Office Use Only

WY Secretary of State  
FILED: Nov 4 2023 2:15PM  
Original ID: 2023-001356104

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## Limited Liability Company Articles of Organization

- I. The name of the limited liability company is:  
Lanson Estates, LLC
- II. The name and physical address of the registered agent of the limited liability company is:  
Anne Schmidt  
2511 Evans Ave  
Cheyenne, WY 82001
- III. The mailing address of the limited liability company is:  
3870 Plantation Cove Court  
Milton, FL 32583
- IV. The principal office address of the limited liability company is:  
3870 Plantation Cove Court  
Milton, FL 32583
- V. The organizer of the limited liability company is:  
Charles S. Liberis  
212 W. Intendencia Street, Pensacola, FL 32502

Signature:

**Charles S. Liberis**

Date: 11/04/2023

Print Name:

Charles S. Liberis

Title:

Organizing Attorney

Email:

assistant@liberislaw.com

Daytime Phone #:

(850) 438-9647



Secretary of State

Wyoming Secretary of State  
Herschler Bldg East, Ste.100 & 101

Cheyenne, WY 82002-0020  
Ph. 307-777-7311

- ☒ I am the person whose signature appears on the filing; that I am authorized to file these documents on behalf of the business entity to which they pertain; and that the information I am submitting is true and correct to the best of my knowledge.
- ☒ I am filing in accordance with the provisions of the Wyoming Limited Liability Company Act, (W.S. 17-29-101 through 17-29-1105) and Registered Offices and Agents Act (W.S. 17-28-101 through 17-28-111).
- ☒ I understand that the information submitted electronically by me will be used to generate Articles of Organization that will be filed with the Wyoming Secretary of State.
- ☒ I intend and agree that the electronic submission of the information set forth herein constitutes my signature for this filing.
- ☒ I have conducted the appropriate name searches to ensure compliance with W.S. 17-16-401.
- ☒ I consent on behalf of the business entity to accept electronic service of process at the email address provided with Article IV, Principal Office Address, under the circumstances specified in W.S. 17-28-104(e).

**Notice Regarding False Filings: Filing a false document could result in criminal penalty and prosecution pursuant to W.S. 6-5-308.**

**W.S. 6-5-308. Penalty for filing false document.**

(a) A person commits a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both, if he files with the secretary of state and willfully or knowingly:

(i) Falsifies, conceals or covers up by any trick, scheme or device a material fact;

(ii) Makes any materially false, fictitious or fraudulent statement or representation; or

(iii) Makes or uses any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry.

- ☒ I acknowledge having read W.S. 6-5-308.

Filer is: ☒ An Individual ☐ An Organization

**Filer Information:**

**By submitting this form I agree and accept this electronic filing as legal submission of my Articles of Organization.**

Signature: Charles S. Liberis  
Print Name: Charles S. Liberis  
Title: Organizing Attorney  
Email: assistant@liberislaw.com  
Daytime Phone #: (850) 438-9647

Date: 11/04/2023



Secretary of State

Wyoming Secretary of State  
Herschler Bldg East, Ste.100 & 101

Cheyenne, WY 82002-0020  
Ph. 307-777-7311

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## Consent to Appointment by Registered Agent

**Anne Schmidt**, whose registered office is located at **2511 Evans Ave, Cheyenne, WY 82001**, voluntarily consented to serve as the registered agent for **Lanson Estates, LLC** and has certified they are in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

I have obtained a signed and dated statement by the registered agent in which they voluntarily consent to appointment for this entity.

Signature:	<u><b>Charles S. Liberis</b></u>	Date: 11/04/2023
Print Name:	Charles S. Liberis	
Title:	Organizing Attorney	
Email:	assistant@liberislaw.com	
Daytime Phone #:	(850) 438-9647	



**STATE OF WYOMING**  
**Office of the Secretary of State**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF ORGANIZATION

**Lanson Estates, LLC**

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **4th** day of **November, 2023** at **2:15 PM**.

Remainder intentionally left blank.



Filed Date: 11/04/2023

A handwritten signature in cursive script that reads "Chuck Gray". The signature is written in black ink and is positioned above a horizontal line.

Secretary of State

Filed Online By:  
Charles S. Liberis  
on 11/04/2023