

Division of Corporations

Page 1 of 1

P14 600078159

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000220798 3)))



H140002207983ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****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 PROFIT/NON PROFIT CORPORATION
LARSON MANAGEMENT CONSULTING, INC.**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

absent

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP 19 AM 11:02

RECEIVED

14 SEP 19 PM 2:23

TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Larson Management Consulting, Inc.

(PROPOSED CORPORATE NAME - ~~MUST INCLUDE SUFFIX~~)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: John W. Fitzgerald
Name (Printed or typed)
Gray Plant Mooty
80 S. 8th Street, Suite 500
Address
Minneapolis, MN 55402
City, State & Zip
612-632-3064
Daytime Telephone number
john.fitzgerald@gpmlaw.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Larson Management Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4931 Bonita Bay Boulevard, #1802
Bonita Springs, FL 34134

Mailing address, if different is:

(same)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**management consulting and other general
business services authorized under the Florida Business Corporations Act
(Section 607, Part 1 of Florida Statutes)**

ARTICLE IV SHARES

The total authorized number of shares of capital stock of this corporation is 1,000 shares, par value \$.01 per share, all of which shall be common stock. Common shares may be divided by the board of directors into "Voting Shares" and "Nonvoting Shares", which shall be equal in all respects except that Nonvoting Shares will not be entitled to notice of meetings of Shareholders or to vote on any matter with respect to which Shareholders may vote or are required to vote, except as may be required by law.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Ken Larson, CEO, CFO, Secy & Director**

Address: **4931 Bonita Bay Boulevard, #1802**
Bonita Springs, FL 34134

Name and Title: **Barbara Larson, VP, Asst Secy & Director**

Address: **4931 Bonita Bay Boulevard, #1802**
Bonita Springs, FL 34134

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

14 SEP 19 AM 11:02

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

(cont.)

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Kenneth R. Larson
Address: 4931 Bonita Bay Boulevard, #1802
Bonita Springs, FL 34134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John W. Fitzgerald
Address: Gray Plant Mooty, 80 S St Ste 600
Minneapolis, MN 55402

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Kenneth R. Larson
KENNETH R. LARSON

Required Signature/Registered Agent

9/18/2014

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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. Fitzgerald
John W. Fitzgerald

Required Signature/Incorporator

9/18/2014

Date