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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:  
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Phone : (323)962-8000  
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.\*\*

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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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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  
at ( )  
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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DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

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

[Blank lines for mailing address]

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:

<u>Title:</u>	<u>Name and Address:</u>
"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 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)

2025 JAN 30 PM 3:55  
 FILED  
 JAN 30 2025  
 STATE OF FLORIDA  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**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

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