

L14000130464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

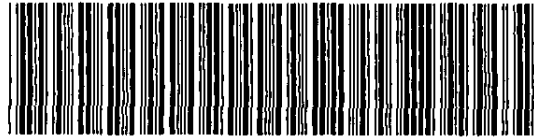
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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2014 JUL 31 AM 11:28  
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FILED  
14 AUG 19 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 20 2014

T. BROWN

~~11/11/13~~

## Keith Lawson Services, Inc.

# 248<sup>1</sup> Luten Road

**Quincy, Florida 32352**

August 5, 2014

Secretary of State  
2661 Executive Center Circle West  
Tallahassee, Florida 32301

**VIA HAND DELIVERY**

Re: **Keith Lawson Services, LLC and  
Keith Lawson Services, Inc.** (Document P01000105575)


Dear Madam/Sir:

As you know since this letter accompanies them, Articles of Dissolution are being filed to dissolve **Keith Lawson Services, Inc.** (the **Corporation**). The Corporation will not revoke its dissolution, so that the name can be released for use by a new Florida limited liability company referred to above. Accordingly, I would appreciate your filing the Articles of Organization for **Keith Lawson Services, LLC**, as soon as possible after filing the Articles of Dissolution for the Corporation.

If you need anything further in this regard, please contact me at (850) 558-2602. Thank you.

Sincerely

Sincerely,



Keith O. Lawson, II

Keith O. Lawson, II  
President and Director of  
Keith Lawson Services, Inc.

/dmw

**Keith Lawson Services, Inc.**  
**2481 Luten Road**  
**Quincy, Florida 32352**

July 30, 2014

Secretary of State  
2661 Executive Center Circle West  
Tallahassee, Florida 32301

**VIA HAND DELIVERY**

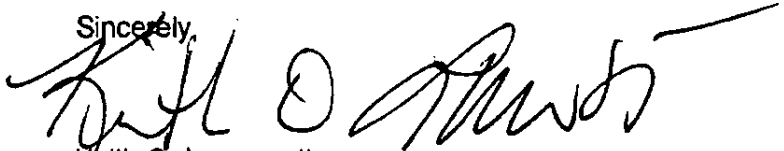
Re: **Keith Lawson Services, LLC** and  
**Keith Lawson Services, Inc.** (Document P01000105575)

Dear Madam/Sir:

By this letter I am giving permission to a new Florida limited liability company to use the name **Keith Lawson Services**, which is the name of a corporation I formed in 2001 under the referenced document number P01000105575. I would appreciate your filing the Articles of Organization for **Keith Lawson Services, LLC**.

If you need anything further in this regard, please contact me at (850) 558-2602. Thank you.

Sincerely,



Keith O. Lawson, II  
President and Director of  
Keith Lawson Services, Inc.

/dmw

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# AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET  
P.O. BOX 391 (ZIP 32302)  
TALLAHASSEE, FLORIDA 32301  
(850) 224-9115 FAX (850) 227-7560  
Writer's Direct Line: (850) 425-5457

July 31, 2014

Secretary of State  
2661 Executive Center Circle West  
Tallahassee, Florida 32301

**VIA HAND DELIVERY**

Re: **Keith Lawson Services, LLC**

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for **Keith Lawson Services, LLC**, a limited liability company. These Articles include Registered Agent and Registered Office designation for this company. Since there is an existing and related entity named Keith Lawson Services, Inc., I am enclosing a letter from the President and Director of the corporation granting permission for this limited liability company to use the same name. I am also enclosing our check in the amount of:

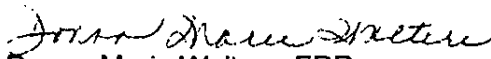
<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certified Copy & Certificate of Status (additional copy enclosed)
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Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing. We would appreciate your including the following email address in your records for purposes of annual report notification and other notices provided by your office:

keithsr@keithlawson.com

Thank you in advance for your usual assistance in these matters.

Sincerely,

  
Donna Marie Walters, FRP  
Florida Registered Paralegal

/dmw

Enclosures

h:\tax\ep\keith lawson services llc 20140731 kls llc arts.docx  
020728.120889



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 1, 2014

DONNA MARIE WALTERS  
AUSLEY & MCMULLEN  
PO BOX 391  
TALLAHASSEE, FL 32302

SUBJECT: KEITH LAWSON SERVICES, LLC  
Ref. Number: W14000047139

We have received your document for KEITH LAWSON SERVICES, LLC and your check(s) totaling \$155.00. 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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 714A00016481

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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 714A00016481

**ARTICLES OF ORGANIZATION  
OF  
KEITH LAWSON SERVICES, LLC**

The undersigned, pursuant to the provisions of Chapter 605, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.  
Name**

The name of the Limited Liability Company is **Keith Lawson Services, LLC.**

**ARTICLE 2.  
Address**

The street address of the place of business in Florida is:

4557 Capital Circle NW  
Tallahassee, Florida 32303

The mailing address of the business in Florida is:

Post Office Box 37309  
Tallahassee, Florida 32315-7309

**FILED**  
14 AUG 19 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE 3.  
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

**KEITH O. LAWSON, SR.**  
4557 Capital Circle NW  
Tallahassee, Florida 32303

*Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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, Florida Statutes.*

s/Keith O. Lawson, Sr.

**KEITH O. LAWSON, SR.**, Registered Agent

**ARTICLE 4.  
Management**

The Limited Liability Company shall be managed by at least one Manager and is, therefore, a Manager-managed company. The name and address of each person authorized to manage and control the Limited Liability Company are as follows:

**Keith O. Lawson, Sr., Manager**

4557 Capital Circle NW  
Tallahassee, Florida 32303

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 30th day of July, 2014.

*In accordance with Section 605.0203(1)(b), F.S., the execution of this document constitutes an affirmation under 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 Section 817.155, F.S.*

s/Keith O. Lawson, Sr.

**KEITH O. LAWSON, SR.**

Authorized Representative of Member