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Florida Department of State
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To: Division of Corporations
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From: Account Name : SUPERBIZ.COM, INC.
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**FLORIDA LIMITED LIABILITY CO.
Lawson Rock Holding Company LLC**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I NAME

The name of the Limited Liability Company is:

LAWSON ROCK HOLDING COMPANY LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

17719 SUGAR PINE WAY
MONTVERDE, FLORIDA 34756

ARTICLE III REGISTERED AGENT

The name and the Florida street address of the registered agent are:

SUPERBIZ REGISTERED AGENT, INC.
2761 VISTA PARKWAY, STE E4
WEST PALM BEACH, FLORIDA 33411

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.

X 
SUPERBIZ REGISTERED AGENT, INC. / Registered Agent's signature

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ARTICLE IV

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

AUTHORIZED MEMBER
DAVID SELLON
17719 SUGAR PINE WAY
MONTVERDE, FLORIDA 34756

AUTHORIZED MEMBER
DIANA SELLON
17719 SUGAR PINE WAY
MONTVERDE, FLORIDA 34756

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.....

x 
DAVID SELLCN / Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the 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 s.817.155, F.S.)

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