

L17000062259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

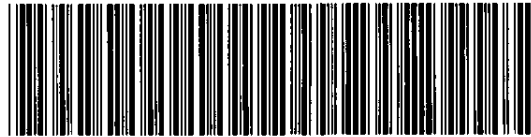
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100296983871

FILED
2017 MAR 21 PM 1:02
RECEIVED
FILING OFFICE

100296983871
03/21/17--01010--024 **125.00

RECEIVED
DEPARTMENT OF STATE
17 MAR 21 PM 1:09

C. GOLDEN

MAR 21 2017

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: LAWSON FAMILY REAL 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:

ALBERT C. PENSON

Name of Person

PENSON LAW FIRM, P.A.

Firm/Company

2810 REMINGTON GREEN CIRCLE

Address

TALLAHASSEE, FL 32308

City/State and Zip Code

jwj@pendd.com

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

For further information concerning this matter, please call:

JENNY W. JENNINGS

850

561-8000

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

2017 MAR 21 PM 4:02
FILED
TALLAHASSEE, FL
SECRETARY OF STATE

EFFECTIVE DATE 03/17/17

ARTICLES OF ORGANIZATION

LAWSON FAMILY REAL ESTATE, LLC

A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 605, Florida Statutes)

FILED

2017 MAR 21 PM 4:02

FILED

1. **Name.** The name of the limited liability company is:

LAWSON FAMILY REAL ESTATE, LLC

2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

4557 Capital Circle NW
Tallahassee, Florida 32303

4. **Mailing Address.** The mailing address of the limited liability company is:

4557 Capital Circle NW
Tallahassee, Florida 32303

5. **Manager at Time of Formation.** The name of each manager at the time of formation:

Keith O. Lawson, Sr.
4557 Capital Circle NW
Tallahassee, FL 32303

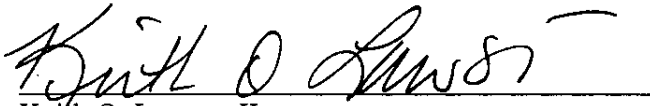
6. **Period of Duration.** The period of duration shall be perpetual until it is dissolved or liquidated and its affairs wound up.

7. **Management.** Management of the Limited Liability Company at the time of formation is by Managers appointed by the Member(s). If more than one Manager is appointed, either Manager shall have authority to act on behalf of the Company.

8. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida Street address of the registered agent are:

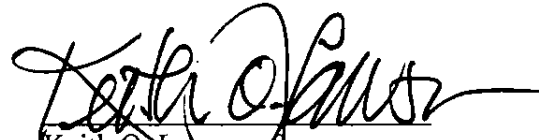
Keith O. Lawson, II
4557 Capital Circle NW
Tallahassee, FL 32303

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.


Keith O. Lawson II

9. **Effective Date.** The effective date of the limited liability company shall be:

March 17, 2017


Keith O. Lawson, Sr.
Manager

(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.)

11:11:11
2017 MAR 21 PM 4:02
STATE OF FLORIDA
DEPARTMENT OF STATE