

L98000002063

Lawson & Powell, Inc.

Requestor's Name

8895 N. Military Trail, Suite 304E

Address

Palm Beach Gardens, FL 33410

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS | |
|-------------|-------------------|
| | Profit |
| | NonProfit |
| | Limited Liability |
| | Domestication |
| | Other |

| AMENDMENTS | |
|------------|--|
| | Amendment |
| | Resignation of R.A., Officer/ Director |
| | Change of Registered Agent |
| | Dissolution/Withdrawal |
| | Merger |

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-09/16/98-01078-001
****285.00 ****285.00

| | |
|----------------------|---------------------|
| Name | 9/17/98 |
| Availability | CMS |
| OTHER FILINGS | |
| Document Examiner | Annual Report LCC |
| Underwriter | Fictitious Name ncc |
| Underwriter | Name Reservation |
| Verifier | cc |
| Acknowledgement | LCC |
| W. P. Verifier | LCC |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| | Foreign |
| | Limited Partnership |
| | Reinstatement |
| | Trademark |
| | Other |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L98000002063

Examiner's Initials

W98000021281

Corporate Office
Palm Beach Gardens, Florida

LAWSON & POWEL, INC.

Real Estate Appraisers and Consultants
Licensed Real Estate Broker

Affiliate Office
Austin, Texas
Phoenix, Arizona

8895 N. Military Trail, Suite 304E
Palm Beach Gardens, FL 33410
Telephone: (561) 622-5533
Fax: (561) 622-0159

September 22, 1998

Diane Cushing
Corporate Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Letter Number: 398A00047133

Dear Ms. Cushing:

Attached is the document for Lawson Valuation Group, L.L.C. I have revised the document to indicate who the registered will be on the Certificate of Designation of Registered Agent/Registered Office.

Your letter indicated that you were returning our check in the amount of \$285.00. However, we did not receive this check along with the letter therefore I assume the check is still in your possession. Please contact me if you do not have this check.

If you have any further questions regarding this document, please contact me at the above listed phone number.

Respectfully,

LAWSON & POWEL, INC.



Nancy J. Idstein
Office Manager

Attachments
:nji



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 17, 1998

LAWSON & POWEL, INC.
8895 N. MILITARY TRAIL, SUITE 304E
PALM BEACH GARDENS, FL 33410

SUBJECT: LAWSON VALUATION GROUP, L.L.C.
Ref. Number: W98000021281

We have received your document for LAWSON VALUATION GROUP, L.L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to state who the registered will be on the Certificate of Designation of Registered Agent/Registered Office. You just listed the address.

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) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 398A00047133

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

ARTICLE I - NAME

The name of the Limited Liability Company is: **LAWSON VALUATION GROUP,
L.L.C.**

ARTICLE II - ADDRESS

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

**8895 N. Military Trail
Suite 304 E
Palm Beach Gardens, FL 33410**

ARTICLE III - DURATION

The period of duration of the Limited Liability Company shall be: **Fifty years.**

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by the members and the name(s) and addresses(es) of the managing member(s) is/are:

**Douglas B. Lawson
8895 N. Military Trail
Suite 304 E
Palm Beach Gardens, FL 33410**

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admission shall be: **ADDITIONAL MEMBERS MAY BE ADDED BY EXPRESS WRITTEN APPROVAL OF THE MANAGING PARTNER NOW NAMED IN ARTICLE IV.**

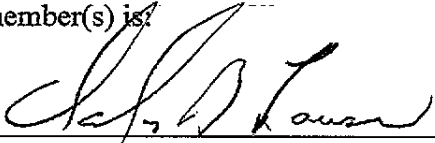
ARTICLE VI - AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of **LAWSON VALUATION GROUP, L.L.C.** certifies:

1) the above named limited liability company has at least one member.

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TALLAHASSEE, FLORIDA**

- 2) the total amount of cash contributed by the member(s) is: \$10.00
3) if any, the agreed value of property other than cash contributed by member(s) is:
(A description of the property is attached and made a part hereto.); \$0.00
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is: \$10.00



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

Douglas B. Lawson

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**


PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **LAWSON VALUATION GROUP, L.L.C.**

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

Douglas B. Lawson
8895 N. Military Trail
Suite 304 E
Palm Beach Gardens, FL 33410

Having been named 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.


Signature

Filing Fee: \$35 for Designation of Registered Agent

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TALLAHASSEE, FLORIDA