N19000180

(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



800336532728

2019 NOV -6 PM 4: 42

19 NOV - 5 11 12:37

Y SCOTT NOV_ 7 ZO19



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

()

ACCOUNT NO. : I2000000195

REFERENCE : 036346 7535507

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: November 5, 2019

ORDER TIME : 9:14 AM

ORDER NO. : 036346-005

CUSTOMER NO: 7535507

FOREIGN FILINGS

NAME: THE LAWRIE GROUP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

COVER LETTER

TO:

EC	The Lawrie Group, LLC				
r.C		I Liability Company			
nelo ence	osed "Application by Foreign Limited Liability Company for, and check are submitted to register the above referenced f	r Authorization to Transact Business in Flor oreign limited liability company to transact b			
ret	turn all correspondence concerning this matter to the follow	ing:			
	J. Michael Lawrie				
	Name of Person				
	The Lawrie Group, LLC	T o			
	The Lawrie Group, LLC Firm/Company 201 La Puerta Way Address Palm Beach, FL 33480				
	201 La Puerta Way	YSS.			
	Addr	ess			
	Palm Beach, FL 33480	- CO			
	City/State and	I Zip Code			
	Mikelawrie@tlgholding.com				
	E-mail address: (to be used for fu	ture annual report notification)			
irthe	er information concerning this matter, please call:				
		417-2609			
-	Name of Contact Person	Area Code Daytime Telephone Number			
[[MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

The Lawrie Group, Li							
(Name of Foreign	Limited Liability Company; must include "Limi	ted Liability	Company, "L.L.C.," c	or "LLC.")		_	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in F	iorida. The alt	emate name must include "	Limited Liabili	ty Company,"	LLC," o	· "LLC.")
Delaware 2.		3			7	7 <u>0</u>	
(Jurisdiction under the law of wi	hich foreign limited liability company is organized)	J.		(FEI number,	if applicable)	 	<u></u> ,
Upon Filing 4.					MIAS	9-40	
***	(Date first transacted business in Florida, if prior t (Sec sections 605 0904 & 605,0905, F.S. to deten	o registration. mine penalty li	l ability)		in.	PH	
201 La Puerta Way	Principal Office)	6.	201 La Puerta W	'ay	FLOI	F	
(Street Address of F	Principal Office)	•	(2	Jailing Address	100	\sim	
Palm Beach, FL 334	80		Palm Beach, FL	33480			
		-					
		•					 -
7. Name and street address	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> a	cceptable)				
Name:	Corporation Service Company						
rune.	3·15						
Office Address:	1201 Hays Street						
	Tallahassee		32 , Florida	301			
	(City)		, i torida	(Zip code)			

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By:

Roxanne Turner

Asst. Vice President

Name: J. Michael Lawrie		: Name and Address:
		Name:
Address: 201 La Puerta Way	☐ Member	Address:
Palm Beach, FL 33480	☐ Authorized	.
	Person	
Other	Other	Other
Name:	☐ Manager	Name: 20: 13
Address:	Member	Name: Address: Address: Address: ASS
	☐ Authorized	
	Person	The P
Other	Other	<u> </u>
Name:	☐ Manager	Name:
Address:	Member	Address:
	Authorized	
	Person	-
Other	Other	Other
	Name:	Authorized Person Other Other Manager Address: Member Authorized Person Other Other Other Other Address: Address: Address: Address: Address: Address: Authorized Person Authorized Person Authorized Person Authorized Person Authorized Person Authorized Person Perso

Typed or printed name of signee

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THE LAWRIE GROUP, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FIFTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE LAWRIE GROUP, LLC" WAS FORMED ON THE TENTH DAY OF MAY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

Authentication: 203939437

Date: 11-05-19

3967805 8300 SR# 20197924816