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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : MYLLC.COM, INC.
Account Number : I20130000077
Phone : (888)896-9552
Fax Number : (888)776-9552

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: filings@myllc.com

**Foreign Limited Liability Company
Lawson Capital LLC**

Certificate of Status	0
Certified Copy	1
Page Count	006
Estimated Charge	\$155.00

**S. FRANKLIN
DEC 20 2021**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lawson Capital LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lauren Jacot

Name of Person

MyLLC.com, Inc.

Firm/Company

1910 Thomas Ave

Address

Cheyenne, WY 82001

City/State and Zip Code

Fillings@myllc.com

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

For further information concerning this matter, please call:

Lauren Jacot

on behalf of MyLLC.com, Inc.

at 888-886-0552

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &

Certificate of Status

☐ \$155.00 Filing Fee &

Certified Copy

☐ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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.1. Lawson Capital LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Washington

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(D/EI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5. 9208 NE HWY 99, Ste 107-233

(Business Address of Principal Office)

6.

9208 NE HWY 99, Ste 107-233

(Mailing address)

Vancouver, WA 98665Vancouver, WA 98665

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

InCorp Services, Inc.

Office Address:

17888 67th Court NorthLoxahatchee

(City)

Florida 33470

(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.Isabel Burgos on behalf of InCorp Services, Inc.

(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

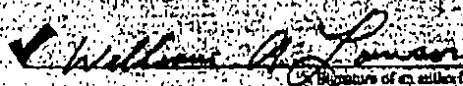
Title or Capacity:		Name and Address:		Title or Capacity:		Name and Address:	
☒ Manager	Name:	William A. Lawson		☐ Manager	Name:	Matthew W. Lawson	
☐ Member	Address:			☐ Member	Address:		
☐ Authorized Person		9208 NE HWY 99, Ste 107-233		☐ Authorized Person		9208 NE HWY 99, Ste 107-233	
		Vancouver, WA 98665				Vancouver, WA 98665	
☐ Other		☐ Other		☐ Other		☐ Other	
☐ Manager	Name:			☐ Manager	Name:		
☐ Member	Address:			☐ Member	Address:		
☐ Authorized Person				☐ Authorized Person			
☐ Other		☐ Other		☐ Other		☐ Other	
☐ Manager	Name:			☐ Manager	Name:		
☐ Member	Address:			☐ Member	Address:		
☐ Authorized Person				☐ Authorized Person			
☐ Other		☐ Other		☐ Other		☐ Other	
☐ Manager	Name:			☐ Manager	Name:		
☐ Member	Address:			☐ Member	Address:		
☐ Authorized Person				☐ Authorized Person			
☐ Other		☐ Other		☐ Other		☐ Other	

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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.


Signature of an authorized person

William A Lawson

Typed or printed name of signer

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UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

LAWSON CAPITAL LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/15/2021.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and the proceedings for administrative dissolution are not pending.

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2022 DEC 17 PM 5:54
CLERK OF STATE
TALLAHASSEE FL

Issued Date: 12/16/2021
UBI Number: 604 849 428



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs

Steve R. Hobbs, Secretary of State

Date Issued: 12/16/2021

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