

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H22000171251 3)))



H220001712513ABCV

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : MYLLC.COM, INC.  
Account Number : I20130000077  
Phone : (888)886-9552  
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

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**LAWSON CAPITAL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$25.00

2022 MAY 13 AM 8:34

2022 MAY 13 PM 4:08

APPROVED  
AND  
FILED

**COVER LETTER**

H220001712513

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lawson Capital LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lauren Jacot

Name of Person

MyLLC.com, Inc.

Firm/Company

1910 Thomes Ave

Address

Cheyenne, WY 82001

City/State and Zip Code

Filings@myllc.com

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

For further information concerning this matter, please call:

Lauren Jacot

Name of Person

at 888-886-9552

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:**

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Lawson Capital LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M21000017306

3. Jurisdiction of its organization: Washington

4. Date authorized to do business in Florida: 12/17/2021

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Lawson Capital Group LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:


\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

 \_\_\_\_\_  
Signature of the authorized representative

William Lawson

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

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**WASHINGTON**  
**Secretary of State**  
Corporations & Charities Division

Filed  
Secretary of State  
State of Washington  
Date Filed: 12/29/2021  
Effective Date: 12/29/2021  
UBI #: 604 849 428

## AMENDED CERTIFICATE OF FORMATION

### BUSINESS INFORMATION

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Business Name:

**LAWSON CAPITAL GROUP LLC**

UBI Number:

**604 849 428**

Business Type:

**WA LIMITED LIABILITY COMPANY**

Business Status:

**ACTIVE**

Principal Office Street Address:

**10407 NE 22ND PL, VANCOUVER, WA, 98686-8604, UNITED STATES**

Principal Office Mailing Address:

**9208 NE HIGHWAY 99 STE 107-233, VANCOUVER, WA, 98665-8986, UNITED STATES**

Expiration Date:

**12/31/2022**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**12/15/2021**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

### BUSINESS NAME

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Business Name:

**LAWSON CAPITAL GROUP LLC**

### BUSINESS TYPE

---

Current Business Type:

**WA LIMITED LIABILITY COMPANY**

Amend Business Type:

### REGISTERED AGENT

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Registered Agent Name	Street Address	Mailing Address
INCorp SERVICES, INC.	4505 PACIFIC HWY E STE C-2, FIFE, WA, 98424, UNITED STATES	4505 PACIFIC HWY E STE C-2, FIFE, WA, 98424, UNITED STATES

**REGISTERED AGENT CONSENT**

Customer provided Registered Agent consent? - Yes

**PRINCIPAL OFFICE**

Phone:

Email:

FILINGS@MYLLC.COM

Confirm Email:

FILINGS@MYLLC.COM

Street Address:

10407 NE 22ND PL, VANCOUVER, WA, 98686-8604, UNITED STATES

Mailing Address:

9208 NE HIGHWAY 99 STE 107-233, VANCOUVER, WA, 98665-8986, UNITED STATES

**DURATION**

Duration:

PERPETUAL

**EFFECTIVE DATE**

Effective Date:

12/29/2021

**RETURN ADDRESS FOR THIS FILING**

Attention:

Email:

FILINGS@MYLLC.COM

Address:

1910 THOMES AVE, CHEYENNE, WY, 82001-3527, UNITED STATES

**UPLOADED DOCUMENTS**

Document Type	Source	Created By	Created Date
No Value Found.			

**UPLOAD ADDITIONAL DOCUMENTS**

Name	Document Type
No Value Found.	

**EMAIL OPT-IN**This document is a public record. For more information visit [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)Work Order #: 2021122200750254 - 1  
Received Date: 12/21/2021  
Amount Received: \$50.00

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☒ I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

## AUTHORIZED PERSON - STAFF CONSOLE

☒ Document is signed.

Person Type:

**INDIVIDUAL**

First Name:

**WILLIAM**

Last Name:

**LAWSON**

Title:

**MANAGING MEMBER**

*[Faint, illegible text]*

*[Faint, illegible text]*

*[Faint, illegible text]*

*[Faint, illegible text]*


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I, Steve R. Hobbs, Secretary of State of the State of Washington and custodian of its seal, hereby certify the foregoing is a true and accurate copy of the record on file in this office. *Sh*

MAY 02 2022

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

Total Pages: 3 *Sh R Hobbs* 

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*Boca Raton Fort Lauderdale Miami Tallahassee*

## Facsimile Transmittal Coversheet

DATE: 05-12-2022 5:22 PM

FIRM/COMPANY: Division Of Corporations

ATTENTION:

FACSIMILE NUMBER: 18506176383

OUR FILE NUMBER: 09999-0001

FROM: OfficeServices-FTL

NUMBER OF PAGES: 9

**MESSAGE (if any):**