

102000025534



Requester's Name

#

Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_ 800007307489--1  
(Corporation Name) (Document #) -08/23/02--01036--002  
\*\*\*\*\*125.00 \*\*\*\*\*125.00

3. \_\_\_\_\_  
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(Corporation Name) (Document #)

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

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

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

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

BK

FILED  
02 SEP 27 AM 9:39  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

August 26, 2002

CHRIS S. CALLAWAY  
18851 MAISONS DRIVE  
TAMPA, FL 33558

SUBJECT: CALLAWAY & LESSARD CONSULTING, LLC  
Ref. Number: W02000024706

02 SEP 27 AM 9:39  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for CALLAWAY & LESSARD CONSULTING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.

Please list the street address of your company's principal office in Article II. Also, please list the company's mailing address.

Also, please note that a member or authorized representative of a member MUST SIGN at the bottom of the form.

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) 245-6914.

Buck Kohr  
Corporate Specialist

Letter Number: 002A00049837

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CALLAWAY & LESSARD CONSULTING, LLC

**ARTICLE II - Address:**

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

18851 MAISONS DR. LUTZ, FL 33558

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

CHRIS S. CALLAWAY  
Name

18851 MAISONS DR  
Florida street address (P.O. Box **NOT** acceptable)

TAMPA, FL 33558  
City, State, and Zip

LUTZ

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 608, F.S.

CH S. Call  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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

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

CHRIS CALLAWAY  
Typed or printed name of signee

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED  
02 SEP 27 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA