Requests Ame 200025534 Chris & Cassie Callaway 1885 I Maisons Drive Lutz, FL 33558 Tam, Office Use Only

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

•	· · ·	•
1(Corporation Name)	· · · · · · · · · · · · · · · · · · ·	Towards and the second
(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	9000073074891 -08/23/0201036002
		****125.00 ****125.00
3. (Corporation Name)	(Document #)	<u> 2777 P. J. J.</u>
4		
(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 Change of Register Dissolution/Withd Merger REGISTRATION/QU Foreign Limited Partnership Reinstatement Trademark Other	A., Officer/Director, 22 red Agent All ASSE 27 rawal rawal PALIFICATION 9

CR2E031(7/97)

Examiner's Initials



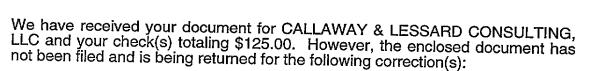
FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

August 26, 2002

CHRIS S. CALLAWAY 18851 MAISONS DRIVE TAMPA, FL 33558

SUBJECT: CALLAWAY & LESSARD CONSULTING, LLC

Ref. Number: W02000024706



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: ELESSARD 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: Torida street address (P.O. Box NOT acceptable) 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. 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)

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.)

Typed or printed name of/signee

\$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)