

L16000 164371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

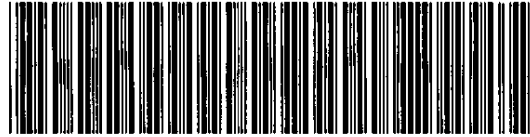
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CALLSHEET, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rene

\_\_\_\_\_  
Name of Person

The Draves Law Firm, P.A.

\_\_\_\_\_  
Firm/Company

120 E. Concord St.

\_\_\_\_\_  
Address

Orlando, FL 32801

\_\_\_\_\_  
City/State and Zip Code

rene@draveslawfirm.com

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

For further information concerning this matter, please call:

Rene

407

423-1183

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

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

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION**  
**FOR**  
**CALLSHEET, LLC**

**ARTICLE I – Name**

The name of the Limited Liability Company is:

Callsheet, LLC

**ARTICLE II – Address**

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

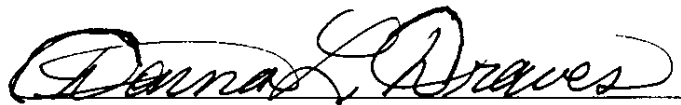
4239 Yorketowne Rd.  
Orlando, FL 32812

**ARTICLE III – Registered Agent, Registered Office,  
And Registered Agent's Signature**

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

The Draves Law Firm, P.A.  
120 E. Concord St.  
Orlando FL 32801

*Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in these Articles, 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 605, Florida Statutes.*



Donna L. Draves, Esq.  
The Draves Law Firm, P. A.

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TALLAHASSEE, FLORIDA

ARTICLE IV – Management

The name and address of each person authorized to manage and control the Limited Liability Company:


AMBR	David Christopher Prather 4239 Yorketowne Rd. Orlando, FL 32812
AMBR	Kip Curtis Hampton 11919 Courtleigh Dr. 1 Los Angeles, CA 90066
AMBR	Jason Alan Hampton 11919 Courtleigh Dr. 1 Los Angeles, CA 90066

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TALLAHASSEE, FLORIDA

ARTICLE V – Effective Date

The effective date of the Limited Liability Company is the date of filing.

*This document is executed in accordance with §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 §817.155, Florida Statutes.*

  
\_\_\_\_\_  
David Christopher Prather, Authorized Member