

L04000083691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name
Address

Office Use Only



900042420139

10/10/2013 10:13:30

10/10/2013 10:13:30

TRANSMITTAL LETTER

11.9.04

TO: Registration Section
Division of Corporations

SUBJECT: TEMPLE MEDICAL 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:

STEVEN G. MILLER
ATTORNEY AT LAW
4800 NORTH FEDERAL HIGHWAY
SUITE 102E
BOCA RATON, FL 33431

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

STEVEN G. MILLER
ATTORNEY AT LAW
4800 NORTH FEDERAL HIGHWAY
SUITE 102E
BOCA RATON, FL 33431

For further information concerning this matter, please call:

STEVEN G. MILLER, ESQ. at 561 367-7785
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

— Thank you —

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

TEMPLE MEDICAL LLC

ARTICLE II - Address:

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

Principal Office Address:

5791 Harrington Way
Boca Raton, FL 33496

Mailing Address:

5791 Harrington Way
Boca Raton, FL 33496

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

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

WENDY SHELDON

Name

5791 Harrington Way

Florida street address (P.O. Box NOT acceptable)

Boca Raton FLORIDA 33496

City, State, and Zip

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, Florida Statutes..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR & MGRM

Wendy Sheldon

5791 Harrington Way

Boca Raton, FL 33496

MGR & MGRM

Ralph Kier

4065 N.W. 64th Road

Boca Raton, FL 33496

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

Wendy Sheldon

Typed or printed name of signee