

#L14000141323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

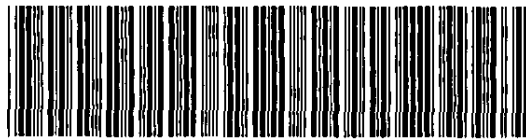
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

614-54872 608

Office Use Only



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09/09/14--01001--019 **155.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE REGISTRATION
2014 SEP -8 PM 3:39
ALL INFORMATION
TO AGENCY/REG
SUFFICIENCY OF FILING
FILED
2014 SEP -9 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

SEP 10 2014

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

9-8-14



CERTIFIED COPY



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CUS



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LLC

1.

Temples & Smith, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2014

CORPORATE ACCESS, INC.

SUBJECT: TEMPLES & SMITH, LLC
Ref. Number: W14000054872

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 SEP -9 PM 2:43
NOT RECORDED
10 ADOPTED
SUFFICIENCY & FILING

We have received your document for TEMPLES & SMITH, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 914A00019173

Corrected

ARTICLES OF ORGANIZATION

OF

TEMPLES & SMITH, LLC
a Florida Limited Liability Company

FILED
2014 SEP -9 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, a Member of the Limited Liability Company, being authorized to execute and file these Articles, executes and files with the Florida Department of State these Articles of Organization pursuant to Section 605.0201, Florida Statutes, and certifies as follows:

ARTICLE I

Name

The name of the Limited Liability Company is:

TEMPLES & SMITH, LLC

ARTICLE II

LLC Address

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

6356 San Martin Court
Tallahassee, Florida 32312

ARTICLE III

Duration

The Company shall begin existence upon the filing of these Articles of Organization with the Florida Department of State. The Company shall have perpetual existence.

ARTICLE IV

Purpose

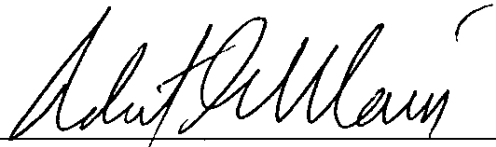
The purpose of the Limited Liability Company is to engage in the business of construction, building, construction contracting and to engage in any other lawful business(es) as permitted under the laws of the State of Florida or other state(s) of the United States.

ARTICLE V
Registered Agent and Office

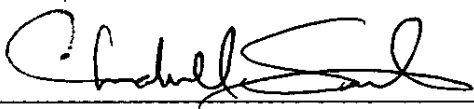
The name and address of the Limited Liability Company's registered agent in Florida is:

Robert E. Morris
245 East Washington Street
Monticello, Florida 32344

By his signature below, Robert E. Morris agrees to accept all responsibility associated with serving as Registered Agent for the Limited Liability Company.

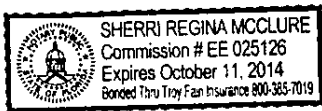

Robert E. Morris

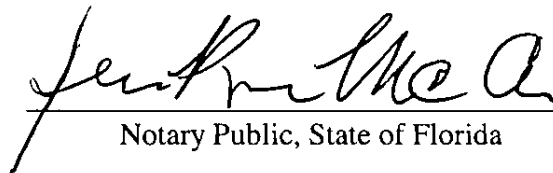
IN WITNESS WHEREOF, the undersigned has set his hand and seal in Tampa, Hillsborough County, Florida, this 5th day of September, 2014.


Chadwell L. Smith, Managing Member

The foregoing instrument was acknowledged before me this 5th day of September, 2014, by CHADWELL L. SMITH, as a Managing Member of TEMPLES & SMITH, LLC. He is personally known to me or has produced _____ as identification.

(NOTARY SEAL)



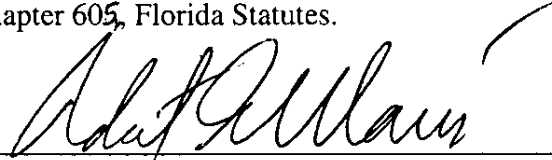

Notary Public, State of Florida
SHERRI REGINA MCCLURE
Typed/Printed Name of Notary

My Commission Expires: 10-11-14

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2014 SEP -9 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF REGISTERED AGENT

The undersigned, having been named as Registered Agent and to accept service of process for the above-styled Limited Liability Company at the place designated herein, does hereby accept the appointment as Registered Agent and agrees to act in such capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the property and complete performance of duties; and the undersigned is familiar with and accepts the obligations of the position as Registered Agent as provided for the Chapter 605, Florida Statutes.



Robert E. Morris
245 East Washington Street
Monticello, Florida 32344

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2014 SEP -9 AM 9:47
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