## L14000171172

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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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14 OCT 31 PM L: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch NOV 4.2014

## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
SUBJECT:		emp Holdings, LLC mited Liability Company	<del></del>
The enclosed Article	s of Organization and fee(s) a	re submitted for filing.	
Please return all corn	espondence concerning this m	natter to the following:	
<del></del>	Joc	ly B. Underhill, CPA, MST Name of Person	
	Jo	dy B. Underhill CPA, PA Firm/Company	
	3859	Bee Ridge Road, Ste. 101	
		Address	
		Sarasota, FL 34233 City/State and Zip Code	
	E-mail address: (to be use	underhill@jbucpa.com d for future annual report notific	ation)
For further information	on concerning this matter, ple		•
Jody B. Under Na	hill at (at (		lephone Number
Enclosed is a check f	or 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
<u>Ma</u>	illing Address gistration Section	Street/Courier Add Registration Section	ress
-	vision of Corporations	Division of Corporat	tions

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Sure-Temp Holdin	ngs, LLC ted Liability Company, "L.L.C.," or "LLC.")			
(	Must end with the words "Limi	ted Liability Company, "L.I.,C.," or "LDC. )			
ARTICLE II - Address a		al office of the Limited Liability Company is:			
Principal Office Add	ress:	Mailing Address:			
6267 Bonaventure ( Sarasota, FL 3424		PO Box 1492 Tallevast, FL 34270			
The name and the Flor	Na	rhill, CPA. MST	GRETARY OF _AHASSEE. F	0CT 31 PM	
			S FA	7	-
	<u>Sarasota</u> City	FL 34233 Zip	Q.T.	\$2	
the place designate capacity. I further a	ed in this certificate, I hereby actingree to comply with the provision am familiar with and accept the	service of process for the above stated limited is cept the appointment as registered agent and agent of all statutes relating to the proper and compositions of my position as registered agent of apper 605, F.S	zree to act it plete perfor	n this rmance	

(CONTINUED)

Page 1 of 2

<u>litle:</u>	Name and Address:	
AMBR" = Authorized Member		
MGR" = Manager		
MGR	David E. Orum	
<del>```</del>	6267 Bonaventure Court	
	Sarasota, FL 34243	
MGR	Connie S. Orum	₹
Mork	6267 Bonaventure Court	
	Sarasota, FL 34243	<u> </u>
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		<del>'</del>
V: Effective date, if other than the	e date of filing:	
E.V: Effective date, if other than the crive date is listed, the date must of filing.)  E.VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with sectionstitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State	or 90
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