

L15000106413

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000152969 3)))



H150001529693ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6381  
From: Account Name : REZLEGAL, LLC  
Account Number : I20140000033  
Phone : (904)567-1177  
Fax Number : (904)567-1066

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN 22 AM 11:11

APPROVAL  
AND  
FILED

RECEIVED

15 JUN 22 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: templecarejax@yahoo.com

FLORIDA LIMITED LIABILITY CO.  
Temple Care, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Handwritten initials

15 JUN 23 11:50:01 152969 3

ARTICLES OF ORGANIZATION  
OF  
TEMPLE CARE, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to Section 605.0201 of the Florida Revised Limited Liability Company Act, Florida Statutes, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

ARTICLE I  
NAME

The name of the limited liability company is Temple Care, LLC (the "Company").

ARTICLE II  
EFFECTIVE DATE AND DURATION

The effective date upon which this Company shall come into existence shall be the date these Articles of Organization are filed. Unless earlier terminated pursuant to the Act or the Operating Agreement (as defined in § 605.0105 of the Act) of the Company, the period of its duration shall be perpetual.

ARTICLE III  
ADDRESS

The mailing and street address of the principal office of the Company shall be 204 Shetland Drive, St. Johns, Florida 32259.

ARTICLE IV  
REGISTERED AGENT AND OFFICE

The initial registered office of the Company shall be 204 Shetland Drive, St. Johns, Florida 32259, and its initial registered agent at such office shall be Lindsay Severance.

ARTICLE V  
MANAGEMENT OF THE COMPANY

The Company will be managed by one or more managers in accordance with and subject to the requirements of the Act and Operating Agreement of the Company. The names and street addresses of the initial managers of this Company are:

<u>Name</u>	<u>Address</u>
Lindsay Severance	204 Shetland Drive St. Johns, Florida 32259
Jason Severance	204 Shetland Drive St. Johns, Florida 32259

**H15000152969 3**

IN WITNESS WHEREOF, the undersigned Manager of the Company has executed these Articles of Organization on behalf of the Company in accordance with § 605.0201 of the Act.

Dated this 22 day of June, 2015.

By: Lindsay Sovereance  
Lindsay Sovereance, Manager

APPROVED  
AND  
FILED

15 JUN 2015 12:19 31  
H15000152969 31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE DESIGNATING REGISTERED OFFICE  
AND  
REGISTERED AGENT FOR THE SERVICE OF PROCESS  
WITHIN FLORIDA**

In compliance with Chapter 605, Florida Statutes, as amended from time to time (the "Act"), the following is submitted:

Temple Care, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates Lindsay Severance as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 204 Shetland Drive, St. Johns, Florida 32259.

Dated this 22 day of June, 2015.

By Lindsay Severance  
Lindsay Severance, Manager

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to 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.

Dated this 22 day of June, 2015.

Lindsay Severance  
Lindsay Severance, Registered Agent