L16000115472

(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:				
·				



JUN 1 7 2016



500285540825

05/10/16--01018--019 **160.00

16 JUN 13 PH 3: 18





FLORIDA DEPARTMENT OF STATE Division of Corporations

May 18, 2016

DANA NICOL-HILL 1108 JUNO PLACE MELBOURNE, FL 32940

SUBJECT: TEMPS LLC

Ref. Number: W16000036008

We have received your document for TEMPS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6052.

Tyrone Scott Regulatory Specialist II

Letter Number: 916A00010529

Division of Compositions DO DOV 6997 Tellaharma Florida 9991

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Office Temps LLC		
SOUGE	 		
The enc	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please re	return all correspondence concerning this m	natter to the following:	
	Dana Nicol-Hill		
		Name of Person	
		Firm/Company	
	1108 Juno Place		
	 	Address	
	Melbourne, FL 32940		
	temps1099@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used	d for future annual report notifica	ition)
For furthe	er information concerning this matter, pleas	se call:	
	Dana Nicol-Hill 3	21 506-7157	
		Area Code Daytime Telepho	ne Number
Enclosed	ed 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	Street Address	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Office Temps LLc				
(Must end v	vith the words "Limited Lia	bility Compar	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal office	e of the Limite	d Liability Company is:	
<u>Principa</u>	Principal Office Address:		Mailing Address:	
1108 Juno Place, Melbourne, FL 32940		<u>110</u>	1108 Juno Place, Melbourne, FL 32940	
The Limited Liability Company	cannot serve as its own Reg		ent's Signature: . You must designate an individual or	
ARTICLE III - Registered Age The Limited Liability Company another business entity with an ac The name and the Florida street a	cannot serve as its own Reg ctive Florida registration.)	gistered Agent		
The Limited Liability Company on ther business entity with an ac	cannot serve as its own Reg ctive Florida registration.)	gistered Agent		
The Limited Liability Company another business entity with an ac	cannot serve as its own Regetive Florida registration.) ddress of the registered age Dana Nicol-Hill	gistered Agent		
The Limited Liability Company another business entity with an ac	cannot serve as its own Reg ctive Florida registration.) ddress of the registered age Dana Nicol-Hill Na	gistered Agent ent are:	. You must designate an individual or	
The Limited Liability Company another business entity with an ac	cannot serve as its own Reg ctive Florida registration.) ddress of the registered age Dana Nicol-Hill	gistered Agent ent are:	. You must designate an individual or	
The Limited Liability Company another business entity with an ac	cannot serve as its own Reg ctive Florida registration.) ddress of the registered age Dana Nicol-Hill Na	gistered Agent ent are:	. You must designate an individual or	

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV-

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

	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
	AMBR
Curt Hill	AMBR
(Use attachment if necessary)	
	(OPTIONAL) cannot be more than five business days prior to or 90 days after
the date of filing.) Note: If the date inserted in this block does not meet the ap the document's effective date on the Department of State's	oplicable statutory filing requirements, this date will not be listed as
•	records.
REQUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 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 s.817.155, F.S.

Dana Nicol-Hill

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)