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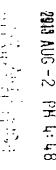
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
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W18-66572

Office Use Only



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B FIGUEROA AUG 0 8 2018



July 20, 2018

STEPHANIE RICE 8401 N CENTRAL EXPRESSWAY STE 525 DALLAS, TX 75225

SUBJECT: TEMPLETON DEVELOPMENT, L.L.C.

Ref. Number: W18000066572

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

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return the corrected original and one copy of 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.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 718A00014959

COVER LETTER

TO:

Registration Section
Division of Corporations

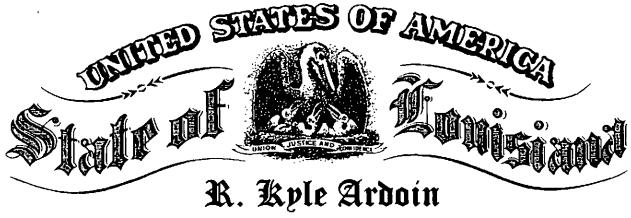
SUBJECT:	TEMPLETON DEV	/ELOPMENT, L.L.C.				
SUBJECT:		Name of L	imited Liability (Сотрапу		
The enclosed Existence, ar	1 "Application by For ad check are submitte	eign Limited Liability Comp d to register the above refere	any for Authoriza nced foreign limit	tion to Tra ed liability	unsact Business in Florida," y company to transact busin	Certificate of ess in Florida.
Please return	all correspondence o	concerning this matter to the	following:			
	STEPHANIE I	RICE				
		Na	me of Person			
	TEMPLETON	DEVELOPMENT, L.L.C.				
		Fi	m/Company	·		
	8401 N CENT	RAL EXPRESSWAY, SUI	TE 525			
	· · · · · · · · · · · · · · · · · · ·		Address			
	DALLAS, TX	75225				
		City/St	ate and Zip Code			
	srice@dcorflc.c					
		E-mail address: (to be used	for future annual	report not	ification)	
For further in	nformation concernin	g this matter, please call:				
ST	EPHANIE RICE		469 at (621-80	48	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.O	AILING ADDRESS: rision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			Division Registrati Clifton B 2661 Exe	c ADDRESS: of Corporations ion Section wilding secutive Center Circle see, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount: \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}\$	S155.00 Filin Certified Copy	g Fee &	■ \$160.00 Filing Fee, Ce of Status & Certified Cop	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	TEMPLETON DEVE	OPMENT, L.L.C Limited Liability Co.inpany; must include "Limit	od Liability Company," "L.L.C.," or "LLC.")	
(If a	ame unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orids. The alternate name must include "Limited List	bility Company," "L.L.C," or "LLC.")
	OUISIANA		_{3.} 81-1642024	
۷		nich foreign limited liability company is organized)		ner, if applicable)
4.				
••		(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penalty liability)	 _
5.	107 BLACKWATER	STREET	6. 8401 N CENTRAL EXPR	RESSWAY
(Street Address of Principal Office) SANTA ROSA BEACH, FL 32456			(Mailing Add	ress)
			DALLAS, TX 75225	
				<u> </u>
7.	Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	
		RYAN TEMPLETON		
	Name:			
	Office Address:	107 BLACKWATER STREET		
		SANTA ROSA BEACH	, Florida 32459	
D.	gistered agent's accep	(City)	(Zip cod	z)
an	d accept the obligation	s of my position as registered agent.		
		RYAN TEMPLETON		
		RYAN TEMPLETON (Registered agent's	signature)	
8.	The name, title or capa			
8.	The name, title or cape <u>Title or Capacity:</u>	(Registered agent's		Name and Address:
8.		(Registered agent's acity and address of the person(s) who have and Address: RYAN TEMPLETON	as/have authority to manage is/are:	Name and Address:
8.	Title or Capacity:	(Registered agent's acity and address of the person(s) who have and Address: RYAN TEMPLETON 107 Blackwater Street	as/have authority to manage is/are: Title or Capacity:	Name and Address:
8.	Title or Capacity:	(Registered agent's acity and address of the person(s) who have and Address: RYAN TEMPLETON	as/have authority to manage is/are: Title or Capacity:	
8.	Title or Capacity:	(Registered agent's acity and address of the person(s) who have and Address: RYAN TEMPLETON 107 Blackwater Street	as/have authority to manage is/are: Title or Capacity:	Name and Address:
8.	Title or Capacity:	(Registered agent's acity and address of the person(s) who have and Address: RYAN TEMPLETON 107 Blackwater Street	as/have authority to manage is/are: Title or Capacity:	
	Title or Capacity: MANAGER	(Registered agent's acity and address of the person(s) who have and Address: RYAN TEMPLETON 107 Blackwater Street Santa Rosa Beach FL 324	as/have authority to manage is/are: Title or Capacity:	2011 1005 - 1
	Title or Capacity:	(Registered agent's acity and address of the person(s) who have and Address: RYAN TEMPLETON 107 Blackwater Street Santa Rosa Beach FL 324	as/have authority to manage is/are: Title or Capacity:	
(U 9. <i>i</i> jur	Title or Capacity: MANAGER //se attachments if neces Attached is a certificate	Registered agent's acity and address of the person(s) who have and Address: RYAN TEMPLETON 107 Blackwater Street Santa Rosa Beach FL 324 sary) of existence, no more than 90 days old, of which it is organized. (If the certifical	as/have authority to manage is/are: Title or Capacity: 59 duly authenticated by the official ha	iving custody of records in the
(U 9. / jur of: 10.	Title or Capacity: MANAGER Ise attachments if neces Attached is a certificate isdiction under the law the translator must be s This document is executed.	Registered agent's acity and address of the person(s) who have and Address: RYAN TEMPLETON 107 Blackwater Street Santa Rosa Beach FL 324 sary) of existence, no more than 90 days old, of which it is organized. (If the certifical	as/have authority to manage is/are: Title or Capacity: 59 duly authenticated by the official hate is in a foreign language, a translat 3 (1) (b), Florida Statutes. I am awar	e that any false information
(U 9. / jur of:	Title or Capacity: MANAGER Ise attachments if neces Attached is a certificate isdiction under the law the translator must be s This document is executed.	(Registered agent's acity and address of the person(s) who have and Address: RYAN TEMPLETON 107 Blackwater Street Santa Rosa Beach FL 324 sary) of existence, no more than 90 days old, of which it is organized. (If the certifical abmitted) uted in accordance with section 605.020	as/have authority to manage is/are: Title or Capacity: 59 duly authenticated by the official hate is in a foreign language, a translat 3 (1) (b), Florida Statutes. I am awar	e that any false information
(U 9. / jur of:	Title or Capacity: MANAGER Ise attachments if neces Attached is a certificate isdiction under the law the translator must be s This document is executed.	(Registered agent's acity and address of the person(s) who have and Address: RYAN TEMPLETON 107 Blackwater Street Santa Rosa Beach FL 324 sary) of existence, no more than 90 days old, of which it is organized. (If the certifical abmitted) uted in accordance with section 605.020 of the Department of State constitutes a the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of the department of the section of the department of	as/have authority to manage is/are: Title or Capacity: 59 duly authenticated by the official hate is in a foreign language, a translat 3 (1) (b), Florida Statutes. I am awar	aving custody of records in the ion of the certificate under oath

Typed or printed name of signee



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

TEMPLETON DEVELOPMENT, LLC

A limited liability company domiciled in SHREVEPORT, LOUISIANA,

Filed charter and qualified to do business in this State on March 01, 2016,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

July 25, 2018

Secretary of State
Web 42186033K



Certificate ID: 10977415#7QK73

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov