

P110000090768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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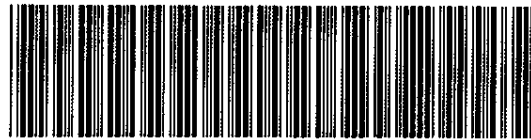
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 13 PM 2:24

COVER LETTER

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

SUBJECT: TEMPLES SERVICES INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ALBERT RANDALL TEMPLES
Name (Printed or typed)

325 TEMPLES LANE
Address

DAVENPORT FL 33837
City, State & Zip

863-421-2780
Daytime Telephone number

ARTEMPLES@YAHOO.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **TEMPLES SERVICES INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

325 TEMPLES LANE

DAVENPORT FL 33837

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MISC. CONSTRUCTION

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ALBERT DANIEL TEMPLES PRES** Name and Title: _____

Address: 245 TEMPLES LANE Address: _____

DAVENPORT FL 33837

Name and Title: **ALBERT RANDALL TEMPLES V-PRES** Name and Title: _____

Address: 325 TEMPLES LANE Address: _____

DAVENPORT FL 33837

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ALBERT RANDALL TEMPLES

Address: 325 TEMPLES LANE

DAVENPORT FL 33837

ARTICLE VII INCORPORATOR

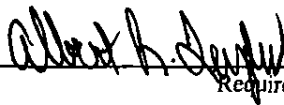
The name and address of the Incorporator is:

Name: ALBERT DANIEL TEMPLES

Address: 245 TEMPLES LANE

DAVENPORT FL 33837

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/6/11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

10/6/11

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 13 PM 2:28