L14000012483

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiliess Etitly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300258824703

04/14/14--01033--025 **125.00

2014 APR 14 PM 4: 0

APRIL 6 2014 D. BRUCE

COVER LETTER

Division of Corporations SUBJECT: Empower Adventure Middleburg LLC Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jason Clement Name of Person Empower Adventure Middleburg LLC Firm/Company 600 Cleveland Street Suite 910 Address Clearwater, FL 33755 City/State and Zip Code jason@sportadvisory.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sherie Carlson Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount:

Mailing Address

☑ \$125.00 Filing Fee

TO:

Registration Section

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

□\$130.00 Filing Fee &

Certificate of Status

Street/Courier Address

□\$155.00 Filing Fee &

Certified Copy (additional copy is enclosed)

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

□\$160.00 Filing

Certified Copy (additional copy is enclosed)

Certificate of Status &

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Empower Adventure Middleburg LLC (Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	
Principal Office Address:	Mailing Address:
600 Cleveland St., Ste 910 Clearwater, FL 33755	600 Cleveland St., Ste 910 Clearwater, FL 33755
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Regarder business entity with an active Florida registration.) The name and the Florida street address of the registered age Jason Clement Name 600 Cleveland Street Ste 910 Florida street address (P.O. Box No. 1980)	gent are:
Clearwater	FL 33755
City	Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligi	the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S

Page 1 of 2

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR = Manager MGR	Dev Pathik
MOIX	600 Cleveland Street, #910
	Clearwater, FL 33755
MGR	Jason Clement
	600 Cleveland Street, #910
	Clearwater, FL 33755
MGR	Joseph DeRing
MO.	2011 South Main Street
	Middletown, CT 06457

(Use attachment if necessary)	
*	
of filing.) LE VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 da
fective date is listed, the date must be spend of filing.) LE VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 da
fective date is listed, the date must be spend of filing.) LE VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 da
fective date is listed, the date must be spend of filing.) LE VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 da
fective date is listed, the date must be spend of filting.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 da
fective date is listed, the date must be spend of filing.) LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a men (In accordance with section 60)	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
rective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mere (In accordance with section 60) constitutes an affirmation under	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.
REOUIRED SIGNATURE: (In accordance with section 60: constitute an affirmation unde I am aware that any false infort	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a med (In accordance with section 60) constitutes an affirmation under I am aware that any false infort constitutes a third degree felong.	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a med (In accordance with section 60) constitutes an affirmation under I am aware that any false infort constitutes a third degree felong.	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a med (In accordance with section 60) constitutes an affirmation under I am aware that any false infort constitutes a third degree felong.	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a med (In accordance with section 60) constitutes an affirmation under I am aware that any false infort constitutes a third degree felong.	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.) Typed or printed name of signce
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 60: constitutes an affirmation under 1 am aware that any false information to constitutes a third degree felonic structures at the section 60: constitutes a third degree felonic structures are the section 60: constitutes at the section 60: constitutes a third degree felonic structures at the section 60: constitutes a third degree felonic structures at the section 60: constitutes at the section	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.) Typed or printed name of signce
REOUIRED SIGNATURE: Signature of a med (In accordance with section 60) constitutes an affirmation under I am aware that any false information to constitutes a third degree felonistic state of the section 60 constitutes and firmation under I am aware that any false information to constitutes a third degree felonistic state of the section 60 constitutes at the section 60 constitutes 60 constitu	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 60: constitutes an affirmation under 1 am aware that any false information to constitutes a third degree felonic structures at the section 60: constitutes a third degree felonic structures are the section 60: constitutes at the section 60: constitutes a third degree felonic structures at the section 60: constitutes a third degree felonic structures at the section 60: constitutes at the section	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.) Typed or printed name of signce Filing Fees: ganization and Designation of Registered Agent al)
REOUIRED SIGNATURE: Signature of a med (In accordance with section 60) constitutes an affirmation under I am aware that any false information to constitutes a third degree felonistic state of the section 60 constitutes and firmation under I am aware that any false information to constitutes a third degree felonistic state of the section 60 constitutes at the section 60 constitutes 60 constitu	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.) Typed or printed name of signce Filing Fees: ganization and Designation of Registered Agent al)
REOUIRED SIGNATURE: Signature of a med (In accordance with section 60) constitutes an affirmation under I am aware that any false information to constitutes a third degree felonistic state of the section 60 constitutes and firmation under I am aware that any false information to constitutes a third degree felonistic state of the section 60 constitutes at the section 60 constitutes 60 constitu	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.) Typed or printed name of signce Filing Fees: ganization and Designation of Registered Agent al)

ARTICLE IV-