

**L14000155325**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BUCHANAN INGERSOLL & ROONEY  
Account Number : I20090000030  
Phone : (813)222-8180  
Fax Number : (813)222-8189

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

Email Address: **Dale.webber@bipc.com**

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14 OCT -3 PM 12:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.**  
**AcadiaFit, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	3
Estimated Charge	\$160.00

OCT 06 2014  
J. HARRIS

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AcadiaFit, 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:

Dale S. Webber, Esq.

Name of Person

Buchanan Ingersoll & Rooney PC

Firm/Company

401 E. Jackson Street, Suite 2400

Address

Tampa, Florida 33602

City/State and Zip Code

dale.webber@blpc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dale S. Webber

Name of Person

at ( 813 ) 222-8187

Area Code

Daytime Telephone Number

Enclosed 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

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

Street/Courier Address

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

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Oct. 3. 2014 12:19PM  
850-617-6381

Buchanan Ingersoll & Rooney PC  
10/3/2014 10:50:57 AM PAGE 1/001

No. 1245 P. 2/5  
Fax Server



October 3, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BUCHANAN INGERSOLL & ROONEY

SUBJECT: ACADIAFIT, LLC  
REF: W14000060339

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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) 245-6051.

Jenna D Harris  
Regulatory Specialist II

FAX Aud. #: H14000231448  
Letter Number: 114A00021170

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14 OCT -3 AM 10:26

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DIVISION OF CORPORATIONS

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

AcadiaFit, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:Mailing Address:7953 Bayshore Drive  
Treasure Island, Florida  
337067953 Bayshore Drive  
Treasure Island, Florida  
33706

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Dale S. Webber

Name

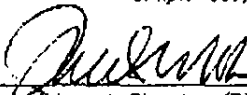
401 E. Jackson Street, Suite 2400Florida street address (P.O. Box NOT acceptable)Tampa

City

FL 33602

Zip

*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)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Acadia C. Webber  
7953 Bayshore Drive  
Treasure Island, FL 33706

MGR

Amy C. Webber  
7953 Bayshore Drive  
Treasure Island, FL 33706

MGR

Dale S. Webber  
7953 Bayshore Drive  
Treasure Island, FL 33706

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Dale S. Webber

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)

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DIVISION OF CORPORATIONS  
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