

L16000187385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

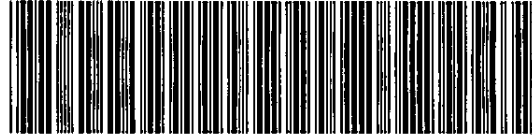
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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D. BRUCE  
OCT 25 2016

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ACTIVE FAITH FITNESS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARBARA C. BUSH

Name of Person

Firm/Company

3802 NW 26TH STREET

Address

GAINESVILLE, FL 32606

City/State and Zip Code

gtrbush10@yahoo.com

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

For further information concerning this matter, please call:

BARBARA C. BUSH

at (352) 219-1554

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

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TALLAHASSEE, FLORIDA

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**FIRST:** The name of the limited liability company is: ACTIVE FAITH FITNESS LLC

**SECOND:** The Florida Document Number of the limited liability company is: L16000187385

**THIRD:** The street address of the limited liability company's principal office is:

3802 NW 26th Street

Gainesville, FL 32606

The mailing address of the limited liability company's principal office is:

same

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

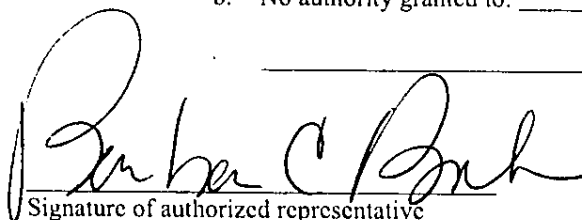
a. Granted to: BARBARA C. BUSH

b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: BARBARA C. BUSH

b. No authority granted to: \_\_\_\_\_



Signature of authorized representative

BARBARA C. BUSH

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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