2/23/2017

Division of Corporations



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February 27, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: ACADIA SOUTH FLORIDA HOLDINGS, LLC

REF: W17000016578

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

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Stacey M Warren Regulatory Specialist II FAX Aud. #: H17000052497 Letter Number: 517A00003716

7 FEB 23 M 7: 46
ECRELABELOS STATE
TO GRADA

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, Acadia South Florida II			
(Name of Fore	ign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "	LLC.")
(It name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose of transa	acting business in Florida. The alternate name	must include "Limited
Delaware	2		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4.	(Date first transacted business in Flor	ida, if orior to registration.)	
(100 m) C'- I- 0	(See sections 605.0904 & 605.0905, F.S	i, to determine penalty liability)	
5. 6100 Tower Circle, Su	ite 1000		
Franklin, TN 37067			
6. (same as above)	(Street Address of Principal (Office)	
6. (dante a rabbyte)			
	(Mailing Address)		
		Non (II)	
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida 33324 (Zip code)	
Registered agent's accep	(City)	(Zip code)	
Having heen named as re-	gistered agent und to accept service of pi tion, I hereby accept the appointment as	rocess for the above stated limited liabili	ty company at the place
to complywith the provision	ons of all statutes relative to the proper a	nd complete performance of my duties,	and I am familiar with and
accept the obligations of r	ny position as registered agent. C.T.Comoration System	Michael E	
	<i>□y</i>		Jones Till Till Till Till Till Till Till Til
	(Registered agen	· A	70% P
· ·	icity and address of the person(s) who has		経費る古
Acadia Healthcare Compa	any, Inc., 6100 Tower Circle, Suite 1000,	Franklin, TN 37067, Member	
			<u> </u>
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, dof which it is organized. (If the certificate abmitted)	uly authenticated by the official having c is in a foreign language, a translation of t	ustody of records in the the certificate under cath
	Signature of an aut	horized person	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) the Department of State constitutes a thir	(b), Florida Statutes. I am aware that any d degree felony as provided for in \$.817.1	false information
	Christopher L. Howard, Authorized Pers	son	
	Typed or printed na	nie of signee	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ACADIA SOUTH FLORIDA HOLDINGS, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6293921 8300

SR# 20171202677
You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Stufface, Sucesbary of State

Authentication: 202090280

Date: 02-23-17