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July 26, 2018

MICHAEL G HORTON 900 WEST HIGHWAY 50 CLERMONT, FL 34711 US

SUBJECT: ACADIA SERVICES & SOLUTIONS, LLC

Ref. Number: W18000068174

We have received your document for ACADIA SERVICES & SOLUTIONS, LLC and your check(s) totaling \$320.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 618A00015401

COVER LETTER

ACADIA SERVICES & SOLUTIONS, LLC

*TO: Registration Section
Division of Corporations

| SUBJECT: | ACADIA S | ERVICES & SOLUT | TONS, LLC | |
|--------------------------------------|--|---|--|--|
| | | Name of I | Limited Liability Compan | v |
| The enclosed "A Existence, and cl | pplication by For heck are submitte | eign Limited Liability Comp d to register the above refere | any for Authorization to enced foreign limited liabi | Fransact Business in Florida," Certificate of lity company to transact business in Florida. |
| Please return all | correspondence c | concerning this matter to the | following: | |
| | MICHAE | L G. HORTON | | |
| | | | ame of Person | |
| • | LAW OF | FICE OF MICHAEL | G. HORTON, P | , A , |
| | 900 We | st Highway 50 | mi/Company | |
| | | _ | Address | |
| | Clermo | nt, FL 34711 | | |
| | - | City/S | tate and Zip Code | |
| | | | | |
| | · | E-mail address: (to be used | for future annual report | notification) |
| For further infor | mation concernin | g this matter, please call: | | |
| | MICHAEL | G. HORTON | at (352) | 394-4008 |
| | | of Contact Person | | Daytime Telephone Number |
| Divisio Registr P.O. Bo | ING ADDRESS: n of Corporations ation Section ox 6327 issee, FL 32314 | | Divisio Regist Cliftor 2661 F | ET ADDRESS: on of Corporations ration Section in Building Executive Center Circle assee, FL 32301 |
| | eck for the follow 5.00 Filing Fee | ring amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filing Fee & Certified Copy | ই \$160,00 Filing Fee, Certificate of Status & Certified Copy |

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| • | ted Liability Company; must include "Limited" | Lizzbuity Co | mpany," "L.L.C.," | or "LLC.") | | |
|--|---|--------------------------------------|--|---|--------------------------------------|-------------|
| mavailable, enter alternate marne ac | dopted for the purpose of transacting business in Florid | a. The atterns | se name must include | "Limited Liability | Company " "1. I. C T o | |
| 1411110 | | 3. | | 46883 | | |
| rischetion under the law of which fo | reign limited liability company is organized) | <u>-</u> | | (FEI nameber, if | applicable) | |
| July | 1, 2018 | | | | | |
| | Date first transacted beamess in Florida, if prior to reg See sections 605.0904 & 605.0905, F.S. to determine | istration.) penalty kahili | ity) | | <u> </u> | |
| 5304 Tidewate: | r Street | 6 | | dowstor | Street | |
| (Street Address of Principal | • | 0 | | Mailing Address) | Street | |
| Leesburg, FL . | 34/48 | | Leesbur | g, FL 3 | 4748 | _ |
| | | | | _ | | |
| me and street address of t | | | | | | |
| | Florida registered agent: (P.O. Box N | OT acce | ptable) | | | |
| Name: Name: | MICHAEL G. HORTON | | _ | | | |
| Office Address: | 900 West Highway 50 | | | | | |
| | | _ | | | | |
| _ | | | | | | |
| _ (| Clermont | | , Florida | 34711 | _ | |
| tered agent's acceptance of been named as register nated in this application, only with the provisions o | (Cay) red agent and to accept service of pro I hereby accept the appointment as re of all statutes relative to the proper an | POISTAPAN | he above states | (Zip code) | i | |
| tered agent's acceptance g been named as register nated in this application, nply with the provisions o | c: red agent and to accept service of pro I hereby accept the appointment as re if all statutes relative to the proper an my position as registered agent. | egistered d comple | he above states | (Zip code) | i | |
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MICHAEL KINDER

Signature of a mathopized person

MICHAEL KINDER

Typed of printed name of signate

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| MAINE | | | | | ompany," "L.1.,C," or |
|------------------------|--|----------------------------------|----------|--|-----------------------|
| | ch foreign limited liability company is organized) | 3 | 76-08 | 346883 | enticable) |
| | <i>y</i> ,,,, | | | (12 12 12 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14 | диновог |
| July | y 1, 2018 | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ | registration.) me penalty hab | ility) | | - |
| 5304 Tidewa | | 6. | 5304 T: | idewater | Street |
| (Street Address of Pr | ,, | | | (Mailing Address) | |
| Leesburg, Fl | L 34748 | | Leesbui | rg, FL 3 | 1748 |
| | | | | | |
| | | | | | |
| | | _ | | | |
| | | | | | |
| ame and street address | of Florida registered agent: (P.O. Box | NOT acc | eptable) | | |
| ame and street address | of Florida registered agent: (P.O. Box | NOT acc | eptable) | | |
| Name: | MICHAEL G. HORTON | | eptable) | | |
| | | | eptable) | | |
| Name: | MICHAEL G. HORTON | | eptable) | 34711 | |

and accept the obligations of my position as registered agent.

(Registered agent's signsture)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Addre | <u>ss</u> | |
|--------------------------------|-------------------|--------------------|----------------|---|---|
| Manager | MICHAEL KINDER | | | AU | • |
| | 5304 Tidewater S | | 22 | | |
| | -Leesburgy-FL 347 | /48 | | ······································· | 1 |
| | | | | _ 2 _ | |
| | | | | Ö | |
| (Use attachments if necessary) | | | ATE. | 55 | |

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

> Signature of MICHAEL KINDER

State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of formation, amendment and cancellation of articles of organization of limited liability companies and annual reports filed by the same.

I further certify that ACADIA SERVICES & SOLUTIONS, LLC is a duly formed limited liability company under the laws of the State of Maine and that the date of formation is January 10, 2007.

I further certify that said limited liability company has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the articles of organization and that according to the records in the Department of the Secretary of State, said limited liability company is a legally existing limited liability company in good standing under the laws of the State of Maine at the present time.

Authentication: 6178-241

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this twentieth day of August 2018.

Matthew Dunlap Secretary of State