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COVER LETTER

TO:		ration Section on of Corporation	5						
	A	cadia Restoration, l	LLC						
SUBJ	ECT: _		 .	Name of Limi	ed Liability	Company			
					·			a ia	a
						ration to Transact Bus lited liability company			
Please	return al	l correspondence co	oncerning this ma	tter to the follo	wing:				
		Kristopher Barg	er						
				Name	of Person				
		Acadia Restorat	ion						
				Firm/0	ompany				
		4991 Hickory W	ood Dr.				至:	2019 F	77
			·	Ac	dress		£.	- B	
		Naples, FL 3411	9				(C)	12	177
				City/State	and Zip Cod	e e		- D	Ü
		krisandlynde@mo					10%	% 2 2	
			E-mail address:	(to be used for	luture annua	al report notification)	<u>ن</u> چ	21 0	
For fu	nher info	rmation concerning	this matter, plea	se call:					
	Kris E	Barger			330	4613991			
				at	•	_)			
		Name of	Contact Person		Area Code	e Daytime Tele	phone Number		
	Division Regist P.O. B	ING ADDRESS: on of Corporations ration Section 80x 6327 assee, FL 32314				STREET ADDRE Division of Corpor Registration Sectio Clifton Building 2661 Executive Ce Tallahassee, FL 32	utions n nter Circle		
		sed is a check for th make check payab			NT OF STA	ATE			
	== \$1	25.00 Filing Fee	S130.00 Fi	lling Fee & cate of Status		0 Filing Fee & fied Copy	\$160.00 Filing of Status & Cer		

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

	TION 005.0902, FLORIDA STATUTEN THE F SINENS IN THE STATE OF FLORIDA	OLLOW B	SOBRETTED TO RESIDER A P	ORGO, LIMITED LABINT
Acadia Restoration, LL.				
(Name of Foreign Barger Consulting, LLC	Limited Liability Company; must include "Limite	ed Liability Com	pany," "L.1, C.," or "LLC.")	
(if name unavailable, euter alternate o	name adopted for the purpose of transacting business in Fic	onds. The alternate	name must include "Limited Liability Con	mpany," "E. I. C," or "LLC.")
Texas		81-	0903-466	
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if app	bicable)
2/5/19				
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration) ine penalty hability)	<u>2</u>
1527 West State Hwy.	114 Ste. 500-114	152	7 West State Hwy, 114 Ste. 50	10-10-11
5. (Street Address of	Principal Office)	6	(Mailing Address)	
Grapevine TX, 76051		Graj	pevine, TX 76051	788 5
				V
				<u></u> 0
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT accep	table)	26
	Aaron Thalwitzer			
Name:			-	
	257 N. Orlando Ave.			
Office Address:			_	
	Cocoa Beach		32931	
			Florida	
	(Cm ₂)		(Zip code)	
designated in this applicate to comply with the provis	otance: egistered agent and to accept service of ution, I hereby accept the appointment o ions of all statutes relative to the prope is of my position as registered agent.	is registered	agent and agree to act in this	s capacity. I further agree
			سرمتوفيد على مدا	
	(Regulered agent)	r niturac)		

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	
■Manager ■Member	Name: 1527 West State Hwy, 114 Address:	Manager Member	Kristopher Barger Name:
Authorized	Ste. 500-114 Grapevine, TX 76051	Authorized	Ste. 500-114 Grapevine, TX 76051
Person		Person	
Other	Other	Other	Other
Manager	Name:		Name:
Member	Address:	☐ Member	Address:
☐Authorized		Authorized	Address:
Person		Person	55: 50 177
Other	Other	Other	
Manager	Name:	Manager	Name:
Member	Address:	☐ Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
Important Notice; U	Ise an attachment to report more than six (6). Th	e attachment will be ima	ged for reporting purposes only. Non-

indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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 talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

1/2	is Meros
	Signatur of an authorized person
Kristopher Barger	
	Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Acadia Restoration, LLC (file number 802342050), a Domestic Limited Liability Company (LLC), was filed in this office on December 02, 2015.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 31, 2019.

THEORY

hone: (512) 463-5555

repared by: SOS-WEB

David Whitley Secretary of State