

10/27/23 9:54 AM

Division of Corporations

Florida Department of State  
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To:

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

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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: hfra@henlaw.com

**Foreign Limited Liability Company  
TREELINE FORT MYERS EQUITY OWNER, LLC**

Certificate of Status	0
Certified Copy	1
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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2023 OCT 3 11:05:54

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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TREBLINE FORT MYERS EQUITY OWNER, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) 3. 93-2383494 (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration) (See sections 607.0934 & 605.0903, F.S. to determine penalty liability)

5. HARTMAN CAPITAL (Street Address of Principal Office) 6. HARTMAN CAPITAL (Mailing Address)

505 S. FIFTH ST 505 S. FIFTH ST CHAMPAIGN, IL 61820 CHAMPAIGN, IL 61820

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: HF REGISTERED AGENTS, LLC Office Address: 1715 MONROE STREET FORT MYERS, Florida 33901 (City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

HF REGISTERED AGENTS, LLC By: Matthew L. Brust (Registered agent's signature) Matthew L. Brust, Vice President

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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:

Manager      Name: PATRICK W. HARTMAN

Member      Address: 505 S. FIFTH ST

Authorized      CHAMPAIGN, IL 61820

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

Manager      Name: ANDREW L. HARTMAN

Member      Address: 505 S. FIFTH ST

Authorized      CHAMPAIGN, IL 61820

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: JEFF R. HARTMAN

Member      Address: 505 S. FIFTH ST

Authorized      CHAMPAIGN, IL 61820

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_

Member      Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_

Member      Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_

Member      Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

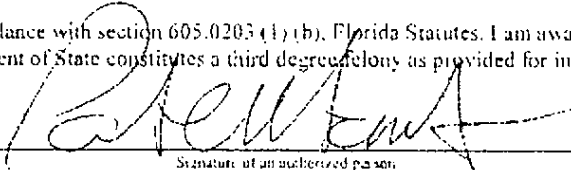
Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged 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 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 an authorized person.

PATRICK W. HARTMAN

Typed or printed name of signer

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TREELINE FORT MYERS EQUITY OWNER, 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 THIRD DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TREELINE FORT MYERS EQUITY OWNER, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF AUGUST, A.D. 2023.

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



  
Jeffrey W. Bullock, Secretary of State

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SR# 20233639482

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204297279

Date: 10-03-23