

L01000020974

ROBERTS, SEWARD & COMPANY, P.A.  
CERTIFIED PUBLIC ACCOUNTANTS  
AND REGISTERED INVESTMENT ADVISORS  
505 EAST JACKSON STREET  
SUITE 202  
TAMPA, FLORIDA 33602

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. TREE TOPS II, LLC  
(Corporation Name) (Document #) 7000004700197--2  
-11/30/01--01043--006  
\*\*\*\*160.00 \*\*\*\*160.00
2. L01-20974  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> Walk in  | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy        |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait          | <input type="checkbox"/> Photocopy             |
|                                   |   | <input type="checkbox"/> Certificate of Status |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV 30 PM 1:45  
12/5

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

2P

Examiner's Initials

Nov 27 01 12:49p

Ofs Tom F. Brown

813-920-7745

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11/26/2001 13:17

813-221-3135

PAGE 03

FILE No.813 09/11 '01 15:17 ID:CSC TALLAHASSEE

FAX:850 5211010

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

TREE TOPS II, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

10720 MONTAGUE STREET

TAMPA, FL 33626

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

TOM F. BROWN, Sr.

Name

10720 MONTAGUE STREET

Florida street address (P.O. Box NOT acceptable)

TAMPA, FL 33626

City, State, and Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

By [Signature]  
Registered Agent's Signature

### Article IV - Management (Check box if applicable.)

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

[Signature]  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

TOM F. BROWN

Typed or printed name of signer

#### Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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