

L1000000042746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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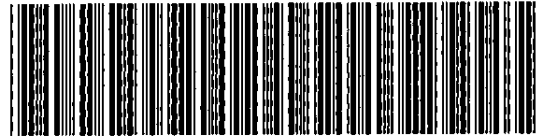
(Business Entity Name)

(Document Number)

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10 APR 21 PM 4:34  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
APR 22 2010  
EXAMINER

FILED  
10 APR 21 AM 9:25  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 04/21/2010

REF. #: RA0658.123547

CORP. NAME: TREEVIEW ASSOCIATES, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 APR 21 AM 9:26

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 534571 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

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| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**ARTICLES OF ORGANIZATION**  
**OF**  
**TREEVIEW ASSOCIATES, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 APR 21 AM 9:29

**ARTICLE I**

**NAME AND ADDRESS**

The name of this Limited Liability Company shall be **TreeView Associates, LLC** (the "Company"). The street address of the principal office of the Company is 27771 Industrial Street, Bonita Springs, Florida 34135. The mailing address of the principal office of the Company is P.O. Box 366787, Bonita Springs, Florida 34136.

**ARTICLE II**

**DURATION**

The Company shall exist perpetually until dissolved pursuant to a written agreement of all Members of the Company, or as provided by law, or as provided by the Company's Operating Agreement.

**ARTICLE III**

**DESIGNATION OF REGISTERED AGENT**

The name and address of the registered agent and office of the Company shall be **CorpDirect Agents, Inc.**, 515 East Park Avenue, Tallahassee, Florida 32301

**ARTICLE IV**

**MANAGEMENT OF COMPANY BUSINESS**

The Company's day-to-day business will be managed by one or more managers and is therefore a manager-managed company. The initial managers of the Company are:

Addison M. Fischer, P.O. Box 366787, Bonita Springs, Florida 34136.  
Heather Burch, P.O. Box 366787, Bonita Springs, Florida 34136.

**ARTICLE V**

**LIMITATIONS ON MEMBERS**

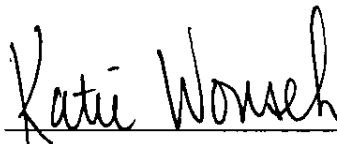
The Members shall not take any action on behalf of this Company that is prohibited by the Florida Limited Liability Company Act, or any action that requires consent of the other Members of the Company without first obtaining the prior written consent of all Members of the Company. Pursuant to Section 608.424 of the Florida Limited Liability Company Act, no Member of the Company shall be an agent of the Company solely by virtue of being a member, and no Member shall have authority to incur debt or contractual liability on behalf of the Company solely by virtue of being a member.

**ARTICLE VI**

**RIGHT TO CONTINUE BUSINESS OF COMPANY**

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of any Member of the Company, or upon the occurrence of any other event that terminates the continued membership of a Member in the Company, the remaining Member or Members shall have the right to continue the business of the Company in accordance with the terms and conditions of the Company's Operating Agreement.

WITNESS, the hand of the undersigned authorized representative of the Members and the Company this 21 day of April, 2010.

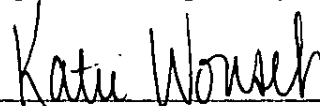


Katie Wonsch, Authorized Rep.

**ACCEPTANCE BY REGISTERED AGENT**

Having been named as registered agent to accept service of process for Treeview Associates, LLC at the place designated in these Articles of Organization, we state that we are familiar with and do hereby accept the appointment and obligation of registered agent and agree to comply with the laws of the State of Florida relating to the proper and complete performance of our duties.

CorpDirect Agents, Inc.

By: 

Katie Wonsch, Asst. Sec.