L10001004601

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Вс	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
1		
LW10-3	9419	
V	Office Use Only	,



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FILED

10 SEP 27 AN (1): 53

SECRETARY OF STATE

ALLAHASSEF FINALE

D. BRUCE

SEP 27 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 20, 2010

CHARLES MCAFEE 26428 PHEASENT RUN WESLEY CHAPEL, FL 33544

SUBJECT: TREE HUGGERS, LLC Ref. Number: W10000039419

We have received your document for TREE HUGGERS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is <u>not acceptable</u>.

Please return 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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 310A00020089

COVER LETTER

TO: Registration S Division of Co			•
SUBJECT:	Tree Hung Name of Limit	ers 110. ed Liability Company	
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
	harles Mc	Hee.	
	_	Name of Person	
	Tree H	moers LLC.	
	•	himh/Company	The co
<i>2642</i> 8	Pheasent	7.15	(T)
	, medsen	Address	HAT P
Weste	havel !	ty/State and Zip Code	SSEE T
	•		FIST E
treeh	E-mail address: (to be used	for future annual report notification)	<u> </u>
For further information	concerning this matter, pleas	e call:	18
11.	M = 1 1		
Charles Name	of Person	at (<u>8/3</u>) <u>49.3</u> Area Code & Daytime Tele	-0703 phone Number
Enclosed is a check for	or the following amount:	1/	
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
26428 Theasent Run 26428 Theasent Run Wesley Chapel, FL 33544 Wesley Chapel, FL 33544
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: $ \mathcal{M} = $
Name Name Pleasent Run Florida street address (P.O. Box NOT acceptable)
Wesley Chapel FL 33544 Oity, 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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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..

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED 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.) Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)