

L15000067562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

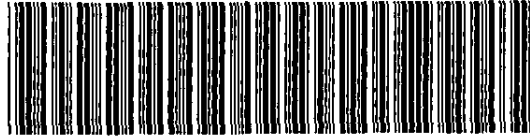
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/18/15--01003--024 **125.00

FILED
15 MAR 18 AM 8:57
2015 MAR 18 08:57
2015 MAR 18 08:57

2/99



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2015

ELISA WORTHINGTON
PO BOX 416
PINELAND, FL 33945

SUBJECT: THE TREEHOUSE LLC
Ref. Number: W15000013209

We have received your document for THE TREEHOUSE LLC and your check(s) totaling \$125.00. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 515A00003822

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE TREEHOUSE LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELISA S. WORTHINGTON
Name of Person

ELISA S. WORTHINGTON, P.A.
Firm/Company

P.O. Box 416
Address

PINELAND, FL 33945
City/State and Zip Code

GABV28@GMAIL.COM AND WORTHINGTONLAW@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELISA S. WORTHINGTON at (239) 823-2385
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE TREEHOUSE ORCHARD BOKEELIA LLC

(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:

6330 HUBBARD DRIVE
BOKEELIA, FL 33922

P.O. Box 365
PINELAND, FL 33945

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:

ELISA S. WORTHINGTON

Name

ELISA S. WORTHINGTON, P.A.

7530 CALOOSA DRIVE

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

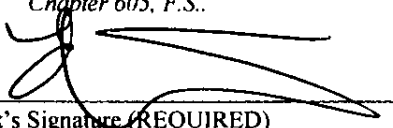
BOKEELIA

City

FL 33922

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 MAR 18 AM 8:57
CLERK OF CIRCUIT COURT
HARRIS COUNTY TEXAS

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR/AMBR

Name and Address:

GABRIELLE CAREY- VENABLE

P.O. Box 365

Pineland, FL 33945

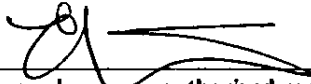
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

ELISA S. WORTHINGTON, ATTORNEY FOR GABRIELLE-CAREY-VENABLE
Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

15 MAR 18 AM 8:57