

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : PAVESE LAW FIRM
Account Number : I20130000057
Phone : (239)334-2195
Fax Number : (239)332-2243

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: michaellphneet@pavese.law.com

Foreign Limited Liability Company
The Treeline Ottley JV, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05-10
Estimated Charge	\$125.00

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Corporate Filing Menu

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S. ROBERTS

NOV - 2 2022

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: The Treeline Ottley JV, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael P. Lehnert

Name of Person

Pavse Law Firm

Firm/Company

1833 Hendry Street

Address

Fort Myers, FL 33901

City/State and Zip Code

michaellehnert@paveselaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael P. Lehnert

Name of Contact Person

at (239)

Area Code

366-6281

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. The Treeline Ottley JV, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 633 9th Street N.

(Street Address of Principal Office)

6. 5150 Tamiami Trail N.

(Mailing Address)

Naples, FL 34102

Suite 204

Naples, FL 34103

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

Name:

PLF Registered Agent, LLC

Office Address:

1833 Hendry Street

Fort Myers, FL

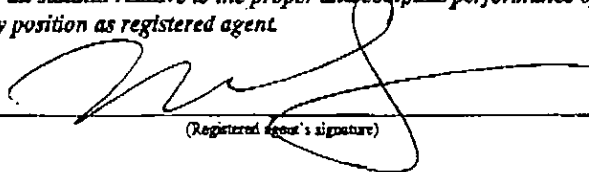
(City)

, Florida 33901

(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.


(Registered agent's signature)

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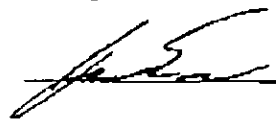
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Eugene T. Minvielle IV</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Michael B. White</u>
<input type="checkbox"/> Member	Address: <u>5150 Tamiami Trail N.</u>	<input type="checkbox"/> Member	Address: <u>5150 Tamiami Trail N.</u>
<input type="checkbox"/> Authorized	<u>Suite 204</u>	<input type="checkbox"/> Authorized	<u>Suite 204</u>
Person	<u>Naples, FL 34103</u>	Person	<u>Naples, FL 34103</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Justin Emens</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Jason Gabauer</u>
<input type="checkbox"/> Member	Address: <u>633 9th Street N.</u>	<input type="checkbox"/> Member	Address: <u>633 9th Street N.</u>
<input type="checkbox"/> Authorized	<u>Naples, FL 34102</u>	<input type="checkbox"/> Authorized	<u>Naples, FL 34102</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Otley Properties, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Treeline RE Partnership, LLC</u>
<input checked="" type="checkbox"/> Member	Address: <u>5150 Tamiami Trail N.</u>	<input checked="" type="checkbox"/> Member	Address: <u>633 9th Street N.</u>
<input type="checkbox"/> Authorized	<u>Suite 204</u>	<input type="checkbox"/> Authorized	<u>Naples, FL 34102</u>
Person	<u>Naples, FL 34103</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Justin Emens

 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "THE TREELINE OTTLEY JV, 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 SECOND DAY OF NOVEMBER, A.D. 2022.

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



6814538 8300

SR# 20223923678

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204763908

Date: 11-02-22