

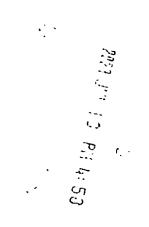
(Re	equestor's Name)				
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T. LEMIEUX

JUL 24 2023

COVER LETTER

TO:

Registration Section

•

UBJECT:	Hartman Capital LLC - Treeline Series							
	Name of Limited Liability Company							
		Company for Authorization to Transact Business in Florida," Certificat referenced foreign limited liability company to transact business in Flo						
ease return	n all correspondence concerning this matter to	o the following:						
	Jenny H. Park							
	Name of Person							
	Meyer Capel, P.C.							
	Firm/Company							
	306 W. Church St.							
		Address						
	Champaign, IL 61820							
	C	City/State and Zip Code						
	jpark@meyercapel.com							
	E-mail address: (to be	e used for future annual report notification)						
or further i	nformation concerning this matter, please ca	11:						
Ry	an A. Michaelsen	217 352-1800 at ()						
	Name of Contact Person	Area Code Daytime Telephone Number						
Mailing Address:		Street Address: Registration Section						
Registration Section		Division of Corporations						
Division of Corporations P.O. Box 6327		The Centre of Tallahassee						
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810						
		Tallahassee, FL 32303						
	closed is a check for the following amount:	A DESCRIPTION OF CELATIC						
	ase make check payable to: FLORIDA DEF \$125.00 Filing Fee							
	S125.00 Filing Fee = 1 \$150.00 Filing Fe							

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. Hartman Capital LLC (Name of Foreign	Limited Liability Company; must include "Limite	d Liabilit	Company," "L.L.C.," or "LLC.")			
Hartman Capital Tree						
If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fi	iorida. The	alternate name must include "Limited L	ability Comp	any," "L.L.C,"	or "LLC.")
Illinois						
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI numi	ет, if applica	ble)	
V						
·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registratio	L) lightlity)			
ene c esh Comos	(500)30002 (60,000)		EOE C. Est. Comme			
505 S. 5th Street		6.	(Mailing Address)			
Street Address of Principal Office)			(Mailing Address)			
Champaign, IL 61820			Champaign, IL 61820			
•—-	-					
 .	· · · · · · · · · · · · · · · · · · ·					
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT	acceptable)		2023	
			•		<u></u>	
	Corporation Services Company				-	
Name:	——————————————————————————————————————				وت.	
	1201 Hays St				70	(-
Office Address:					· —	
	Tallahassee		32301		. S	
			, Florida	·	۵	
	(City)		(Zip code)			
lesignated in this applica o comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	s regist	ered agent and agree to act	in this ca	pacity. I fi	urther ag
	Daiaundrea (Registered agent's	vignature y	Garvin			

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]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name: Jeffrey R. Hartman John Scott Kunkel Name: ■ Manager ■ Manager Address: 2711 Windward Blvd Address: _____ □Member □ Member Naples, Florida 34102 Champaign, IL 61821 ☐ Authorized ☐ Authorized Person Person □ Other □Other__ Other Other____ Name: Patrick W. Hartman Name: Andrew J. Hartman Manager ■ Manager Address: _ 1 Greencroft Dr. Address: □Member ☐ Member Champaign, IL 61821 Champaign, Illinois 61821 ☐ Authorized □ Authorized Person Person □Other_ Other Other Other David W. Turk Name: _____ ■ Manager □Manager Address: ______ □Member Address: _____ □ Member Fishers, Indiana 46037 ☐ Authorized □ Authorized Person Person □Other____ Other____ □Other ____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 John Scott Kunkel

Typed or printed name of signee



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

HARTMAN CAPITAL LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 06, 2020, AND HAVING ESTABLISHED A SERIES WITH THE DESIGNATED NAME OF HARTMAN CAPITAL LLC - TREELINE SERIES ON MAY 08, 2023, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of JULY A.D. 2023 .

Authentication #: 2319303116 verifiable until 07/12/2024

Authenticate at: https://www.ilsos.gov

Alexi Sianant

SECRETARY OF STATE