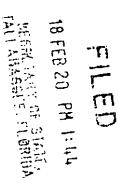
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(F	Requestor's Name)
(A	Address)
(<i>F</i>	Address)
(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(E	Business Entity Name)
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ARB VAIL PROPE	RTY, LLC		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			✓ L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			✓ Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
J.B. Harare			Vehicle Search
			Driving Record
Requested by: BA	2/20/18		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
ivallic	Date	THIC	UCC II Retrieval
Walk-In	_ Will Pick Up	·	Courier

COVER LETTER

	New Filin Division o	g Section f Corporations		
SUBJEC		VAIL PROPERTY, LLC		
SOBJEC	-1	Name o	f Limited Liabil	ity Company
The encl	osed Articl	es of Organization and fec(s) are submitted	for filing.
Please re	turn all cor	respondence concerning th	is matter to the f	ollowing:
	JEFFRI	EY P. BUAK, ESQ.		
			Name of	Person
	QUINT	airos, prieto, wood	& BOYER, P.A	۸.
			Firm/Co	mpany
	255 S. C	DRANGE AVENUE, SUIT	ъ 900	
			Addr	ess
	ORLAN	1DO, FL 32801		
	JBUAK@	@QPWBLAW.COM	City/State and	d Zip Code
		E-mail address: (to be u	ised for future a	nnual report notification)
For further	informatio	n concerning this matter, pi	lease call:	
	JEFFRE	Y P. BUAK	407	872-6011
		Name of Person	Area Code	Daytime Telephone Number
Enclosed i	is a check t	for the following amount:		
\$ 125.00 F	Filing Fee	\$130.00 Filing Fee & Certificate of Status	└─ Certifie	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Ne Di P.C	nailing Address ow Filing Section vision of Corporations D. Box 6327 Illahassee, FL 32314	1	Street Address New Filing 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 L	acting sempany in		
ARB VAIL PR	OPERTY, LLC		
(Mus	contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and st	reet address of the principal	office of the Limited	Liability Company is:
<u>Pr</u>	incipal Office Address:		Mailing Address:
1035 N. DEAR	BORN	1035	N. DEARBORN
FL 19		FLI	9
FL 19 CHICAGO, IL ARTICLE III - Registere (The Limited Liability Com	60610 d Agent, Registered Office, spany cannot serve as its own	FL I CHIC & Registered Agen Registered Agent. Y	CAGO, IL 60610
FL 19 CHICAGO, IL ARTICLE III - Registere (The Limited Liability Contanother business entity with	60610	FL I CHIO A Registered Agent Registered Agent. Youn.)	CAGO, IL 60610
FL 19 CHICAGO, IL ARTICLE III - Registere (The Limited Liability Contanother business entity with	d Agent, Registered Office, apany cannot serve as its own the an active Florida registration treet address of the registere	FL I CHIO A Registered Agent Registered Agent. Youn.) d agent are:	CAGO, IL 60610
FL 19 CHICAGO, IL ARTICLE III - Registere (The Limited Liability Contanother business entity with	60610 d Agent, Registered Office, pany cannot serve as its own han active Florida registration	FL I CHIO A Registered Agent Registered Agent. Youn.) d agent are:	CAGO, IL 60610
FL 19 CHICAGO, IL ARTICLE III - Registere (The Limited Liability Contanother business entity with	d Agent, Registered Office, apany cannot serve as its own the an active Florida registration treet address of the registere	EL I CHIO & Registered Agent. Youn.) d agent are: , ESQ. Name	CAGO, IL 60610 t's Signature: You must designate an individual or
FL 19 CHICAGO, IL ARTICLE III - Registere (The Limited Liability Contanother business entity with	d Agent, Registered Office, apany cannot serve as its own han active Florida registration treet address of the registere JEFFREY P. BUAK	EL I CHIO & Registered Agent. Youn.) d agent are: , ESQ. Name	CAGO, IL 60610 t's Signature: You must designate an individual or
FL 19 CHICAGO, IL ARTICLE III - Registere (The Limited Liability Contanother business entity with	d Agent, Registered Office, apany cannot serve as its own han active Florida registration treet address of the registere JEFFREY P. BUAK	FL I CHIO A Registered Agent Registered Agent Non.) d agent are: Name VENUE, SUITE 900	CAGO, IL 60610 t's Signature: You must designate an individual or
FL 19 CHICAGO, IL ARTICLE III - Registere (The Limited Liability Contanother business entity with	d Agent, Registered Office, apany cannot serve as its own han active Florida registration treet address of the registere JEFFREY P. BUAK 255 S. ORANGE A	FL I CHIC A Registered Agent Registered Agent Non.) d agent are: S. ESQ. Name VENUE, SUITE 900 SS (P.O. Box NOT ac	CAGO, IL 60610 It's Signature: You must designate an individual or eceptable)

the Ha pla nd I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duam 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)

(Use attachment if necessary) CICLE V: Effective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be in late of filing.) E: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records. CICLE VI: Other provisions, if any.	EARBORN, FL 19 D, IL 60610 . (OPTIONAL) more than five business days prior to or 90 day
(Use attachment if necessary) (Use attachment if necessary) (CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be in the of filing.) If the date inserted in this block does not meet the applicable state occument's effective date on the Department of State's records.	EARBORN, FL 19 D, IL 60610 . (OPTIONAL) more than five business days prior to or 90 day
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AND ALL LAWFUL FURFUSES	
REQUIRED SIGNATURE:	
	•
Signature of a member or an authorize This document is executed in accordance with I am aware that any false information submitted constitutes a third degree felony as provided for	section 605.0203 (1) (b), Florida Statutes. d in a document to the Department of State
JEFFREY P. BUAK, ESQ., ATTORNE Typed or printed nar	EY FOR TODD BRAUN me of signee
	•
Filing Fees:	~~
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