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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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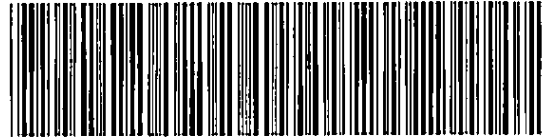
(Business Entity Name)

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M. MOON
JAN 18 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 593524 9666A

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : January 17, 2019

ORDER TIME : 2:22 PM

ORDER NO. : 593524-005

CUSTOMER NO: 9666A

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TALLAHASSEE, FL 32301

DOMESTIC FILING

NAME: SNOWMASS B-45, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
SNOWMASS B-45, LLC,
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.
NAME**

The name of the Limited Liability Company is "Snowmass B-45, LLC" (the "Company").

**ARTICLE II.
ADDRESS**

The mailing address and street address of the principal office of the Company is 1720 SE. 16th Avenue, Building 200, Ocala, FL 34471.

**ARTICLE III.
DURATION**

The period of duration for the Company shall be perpetual unless the Company is earlier dissolved in accordance with either the provisions of the *Florida Limited Liability Company Act*, Sections 605.0101 through 605.1108 of the *Florida Revised Statutes Annotated* (the "Act") or the Company's Operating Agreement among the members (the "Operating Agreement").

**ARTICLE IV.
MANAGEMENT**

The Limited Liability Company is to be managed by a manager or managers. The initial managers shall be Greg C. Lance and Julie Boyd.

**ARTICLE V.
PURPOSE**

The purpose for which the Company is being organized is to acquire a condominium unit in Snowmass, Colorado, to use, operate, lease, sublease, and ultimately resale the same, for the use of members, their guests, and invitees, and to transact any other lawful business approved by the members of the Company and for which a limited liability company may be formed under the laws of the State of Florida.

**ARTICLE VI.
MEMBERS' RIGHTS TO CONTINUE BUSINESS**

The right of the remaining members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any

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ARTICLES OF ORGANIZATION
FOR
SNOWMASS B-45, LLC,
A FLORIDA LIMITED LIABILITY COMPANY

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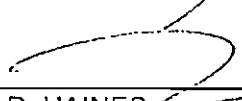
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other event which terminates the continued membership of a member in the Company shall be upon the consent of all of the remaining members in accordance with the terms and conditions of the Operating Agreement to continue the business of the Company, provided that there is at least one (1) remaining member.

ARTICLE VII.
AMENDMENTS

The Company reserves the right to amend, alter, change or repeal any provision contained in these Articles of Organization, in the manner now or hereafter prescribed by the Act.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Company, has hereunto set his hand this 17th day of January, 2019.


TIM D. HAINES

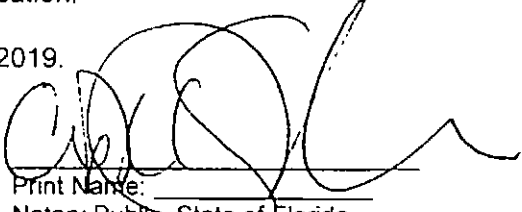
STATE OF FLORIDA
COUNTY OF MARION

The foregoing ARTICLES OF ORGANIZATION was acknowledged before me by TIM D. HAINES, an authorized agent of an initial Member of the above named limited liability company, who is:

☒ Personally known to me, OR
☐ Produced a driver's license as identification.

Dated: this 17th day of January, 2019.

CYNTHIA SCHLOBACH
Notary Public, State of Florida
My Comm. expires August 13, 2022
Comm. No. GG 248280


Print Name: _____
Notary Public, State of Florida
Commission number _____
Commission expires _____

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0101 through 605.1108, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: *Snowmass B-45, LLC.*
2. The name and address of the registered agent and office is:

Julie Boyd
1720 SE 16th Avenue, Building 200
Ocala, FL 34470

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.


JULIE BOYD

Date: January 17, 2019.

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