

Division of Corporations
122000356570

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (954) 208-0845
 Fax Number : (614) 573-3996

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Quattro Viera Tiki, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2022 AUG 15 AM 1:33

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2022 AUG 15 PM 12:35
 FLORIDA DEPARTMENT OF STATE
 PALM BEACH, FLORIDA

2022 AUG 15 PM 12:35

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Electronic Filing Menu

Corporate Filing Menu

Help

604

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Quattro Viera Tiki, LLC

(Must contain the words "Limited Liability Company," "LLC," 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:

1100 Jorie Boulevard, Suite 140

Oak Brook, Illinois 60523

1100 Jorie Boulevard, Suite 140

Oak Brook, Illinois 60523

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:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

Florida

33324

City

State

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.

Laura R Broderick

Registered Agent's Signature (REQUIRED)

Laura Broderick, Assistant Secretary

(CONTINUED)

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22 AUG 15 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Mike Liveos

1100 Jorie Boulevard, Suite 140

Oak Brook, Illinois 60523

MGR

Robert Walters

1100 Jorie Boulevard, Suite 140

Oak Brook, Illinois 60523

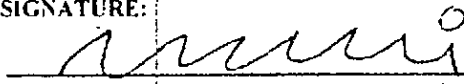
(Use attachment if necessary)

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


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

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.

Mike Liveos

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)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA