Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130001806073)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

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

FLORIDA LIMITED LIABILITY CO. CLARKWOOD CALLAWALK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

K. SALY EXAMINER AUG 1 5 2013

Electronic Filing Menu

Corporate Filing Menu

Help

(850) 245-6051.

COVER LETTER

TO; Rej Div	gistration States	Section Prporations			
eun ween.	Clarkwoo	d Callawalk, LLC			
SUBJECT:	Name of Limited Liability Company				
The encloses	i A ni cles o	of Organization and fee(s) are s	ahmined for tili	no	
		ondence concerning this mall			
	stine Dziak				
*******		Participation of the Control of the	Name of Person		•
Ulme	er & Berne	L.t.P			
			Flmi/Company		
1660	West 2nd	Street, Suite 1100			
		** ***********************************	Address		
Clev	cland, Ohio	44113-1448			
			y/State and Zip Co	sde	
	berg@gold	hergeoinpanies.com E-mail address: (to be used)	ine future annual n	enort notification	nt.
For further in	n formation	concerning this matter, please			***
Larry Goldt			216	831-6100	
	•	of Person			Telephona Number
Enclosed is	a check f	or the following amount:			
□\$125.00 F	iling Fee	□\$130.00 Filing Fee & Certificate of Status	U\$155.00 Pi Certified ((additional c		S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailine Address Registration Section Division of Corporations P.O. Box 6327 Tuliahussee, FL 32314	Registi Divisio Cliftor 2661 i	Courier Addration Section on of Corporate Building Executive Centers 13230	ions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Comp	pany is:
Clarkwood Callawalk, LLC	
(Must end with the words "Lim	ited Linbility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
25101 Chagrin Boulevard, Suite 300	25101 Chagrin Boulevard, Suite 300
Beachwood, Ohio 44122	Beachwood, Ohio 44122
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or another tof the registered agent are:
The name and the Florida street address	of the registered agent are:
22.00	The second se
	Corporation System Name
•	Name S
1200 S	outh Pine Island Road
Florida	street oddress (P.O. Box NOT acceptable)
Plantation	FL 33324
	City, State, and Zip
liability company at the place design registered agent and agree to act in th all statutes relating to the proper and	t and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as its capacity. I further agree to comply with the provisions of complete performance of my duties, and I am familiar with ion as registered agent as provided for in Chapter 608, F.S
By: Canada Registered Agen	CONNECTION Signature (REQUIRED) 1. Signature (REQUIRED) 1. SSISTON'S SOCIETARY
	ONTINIED

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(OPTIONAL)

<u>Fitle:</u> MGR" = Manager MGRM" = Managing Member	Name and Address:
MGR	Larry Goldberg
	25101 Chagrin Boulevard, Suite 300
	Beachwood, Ohio 44122
MGR	Jordan Goldberg
	25101 Chagrin Boulevard, Suite 300
	Beuchwood, Ohio 44122
MGR	Eric Bell
	25101 Chagrin Boulevard, Suite 300
	Beachwood, Ohio 44122

REQUIRED SIGNATURE:

prior to or 90 days after the date of filing.)

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _

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

(If an effective date is listed, the date must be specific and cannot be more than five business days

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Jodi Rich, Authorized Representative

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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