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 Division of Corporations Page 1
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Florida Department of State
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FLORIDA LIMITED LIABILITY CO.
 CLARKWOOD CALLAWALK, LLC

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Clarkwood Callawalk, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christine Dziak
Name of Person
Ulmer & Berne LLP
Firm/Company
1660 West 2nd Street, Suite 1100
Address
Cleveland, Ohio 44113-1448
City/State and Zip Code
lgoldberg@goldbergcompanies.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry Goldberg at (216) 831-6100
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Clarkwood Callowalk, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

25101 Chagrin Boulevard, Suite 300
Beachwood, Ohio 44122

Mailing Address:

25101 Chagrin Boulevard, Suite 300
Beachwood, Ohio 44122

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 FL 33324
City, State, and Zip

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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 608, F.S.

C T Corporation System
By: Connie Bryan Connie Bryan
Registered Agent's Signature (REQUIRED) Assistant Secretary

(CONTINUED)

