Florida Department of State

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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023 Phone : (850)205-8842 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.

Email Address:

FLORIDA LIMITED LIABILITY CO.

Legacy 532, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	legistration Section livision of Corporations		
SUBJECT	Legacy 532, LLC		
SUBJECT		Limited Liabili	ity Company
The enclos	eed Articles of Organization and fee(s)	are submitted	for filing.
Please retu	irn all correspondence concerning this	matter to the f	ollowing:
	Ryan Kray		
	W-12	Name of	Person
	Ulmer & Berne LLP		
		Firm/Co	mpany
	1660 West 2nd Street, Suite 1100		
		Addr	253
	Cleveland, Ohio 44113		
	fwiden@ulmer.com	City/State and	d Zip Code
•		ed for future a	nnual report notification)
For further i	nformation concerning this matter, ple	asc call:	
	Ryan Kray	216	583-7344
	Name of Person	Area Code	Daytime Telephone Number
Enclosed in	s a check for the following amount:		
∑ \$125.00 F	iling Fee \$\frac{1}{2}\$\$130.00 Filing Fee & Certificate of Status	L Certific	O Filing Fee & \$160.00 Filing Fee, cd Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	1	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

4/8/2016 10:12:12 AM From: To: 8506176381(3/4)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Legacy 532, 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:

Mailing Address:

25101 Chagrin Blvd., Suite 300 Beachwood, Ohio 44122 25101 Chagrin Blvd., 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, 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.

C T Corporation System

Kristin Bolden
Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after te of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as current's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOUIRED 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. Frederick N. Widen, Authorized Representative Typed or printed name of signee	(Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) effective date, if other than the date of filing:		Authorized Member	Name and Address:
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