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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)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 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. GCIW - CALLAWALK, LLC Certificate of Status Certified Copy 0 Page Count 04 Estimated Charge \$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

J. Shivers MIR 15 200

(850) 245-6051.

COVER LETTER

TO:	Registr Division		ection rporations							
SUBJE		CIW – C	Callawaik, LLC							
00000	C,		Name of Limit	ted Liability	Сотрилу					
The enc	losed An	ticles of	f Organization and fee(s) are:	submitted R	or filing.					
Please r	cturn all	corresp	ondence concerning this matt	ter to the fol	lowing:					
•	Christine	Dziak								
•-				Nume of Pe	rson					
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		Name	of Person	Λ.	rea Code & Daytin	ne Telep	hone Number	LORID	<u>∵</u>	Taken a
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□\$125.0	00 Filin	g Fce	□\$130.00 Filing Fee & Certificate of Status	Certif	00 Filing Fee & fied Copy and copy is enclos		\$160.00 Fili Certificate of Certified Co (additional cor	of Status & opy		
			Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	R D C 2	treet/Courfer Ac legistration Section division of Corpo- lifton Building 661 Executive Co- fullahussee, FL 33	n rations enter Ci			•	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

GCIW - Callawalk, LLC	
(Musi and with the words "Lim	ited Liability Company, "L.L.C.," or "L.L.C.,")
ARTICLE II - Address:	
The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
25101 Chagrin Boulevard, Sulte 300	25101 Chagrin Boulevard, Suite 300
Beachwood, Ohlo 44122	Beachwood, Ohio 44122
	Corporation System Name Additional Road South Pine (sland Road
	street address (P.O. Box NOT acceptable)
Plantation	H 33324 □
	City Plate and Pla
liability company at the place design	and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of
all statutes relating to the proper and and accept the obligations of my positi	complete performance of my duties, and I am familiar with ion as registered agent as provided for in Chapter 608, F.S. on System
all statutes relating to the proper and and accept the obligations of my positi	ion as registered agent as provided for in Chapter 608, F.S.

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<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Mer	mber	
MGR	Larry Goldberg	
	25101 Chagrin Boulevard, Suite 300	
	Beachwood, Ohio 44122	
MGR	Jordan Goldberg	
	25101 Chagrin Boulevard, Suite 300	
	Beachwood, Ohio 44122	
MGR	Eric Bell	
	25101 Chagrin Boulevard, Suite 300	
	Beachwood, Ohio 44122	
(Use attachment if necessar	ry)	
•		
ICLE V: Effective date, if oth	ner than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days	
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ICLE V: Effective date, if other effective date is listed, the to or 90 days after the date of REQUIRED SIGNATUR Signature	date must be specific and cannot be more than five business days of filing.) SECURE AHASS	•

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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