7/13/2017

Division of Corporations Electronic Filing Cover Sheet

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(((H170001833073)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

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 Gateway 60, LLC

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Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Help

COVER LETTER

то:	New Filing Section Division of Corporations	
SUBJEC	Legacy Gateway 60, LLC	
SUBJEC	Name of Limited Liability Company	
The encl	closed Articles of Organization and fee(s) are submitted for filing.	
Please re	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	
	City/State and Zip Code pnincheff@goldbergcompanies.com	_
	E-mail address: (to be used for future annual report notification)	_
For furthe	ner information concerning this matter, please call:	
	Christine Dziak 216 583-7064 at (
	Name of Person Area Code Daytime Telephone Number	
Enclosed	ed is a check for the following amount:	
\$125.00	O Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLE I - Name: The name of the Limited Liab	ility Company is:		
Legacy Gateway (60, LLC		
(Must co	ontain the words "Limited L	iability Company, "L	.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	t address of the principal of	fice of the Limited Li	ability Company is:
Princ	ipal Office Address:		Mailing Address:
	1 . 4 0	25101	Chagrin Boulevard, Suite 300
25101 Chagrin Bo	ulevaro, Suite 300		
Beachwood, Ohio ARTICLE III - Registered A (The Limited Liability Compa	44122 Agent, Registered Office, & any cannot serve as its own	Registered Agent'	wood, Ohio 44122
Beachwood, Ohio	Agent, Registered Office, & any cannot serve as its own in active Florida registration	Registered Agent. Yo	wood, Ohio 44122 s Signature:
Beachwood, Ohio ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, & any cannot serve as its own in active Florida registration	Registered Agent' Registered Agent. You	wood, Ohio 44122 s Signature:
Beachwood, Ohio ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, day cannot serve as its own in active Florida registration et address of the registered	Registered Agent' Registered Agent. You	wood, Ohio 44122 s Signature:
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C T Corporation System Corporation System

James M. Halpin

Registere Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager AMBR GCI Lega	
AMBR GCI Lega	
AMBR OCI Lega	cy Mauhews LLC
	agrin Boulevard, Suite 300
Beachwox	d, Ohio 44122
	
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(Use attachment if necessary)	
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CLE V: Effective date, if other than the date of filing:	more than five business days prior to or 90
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