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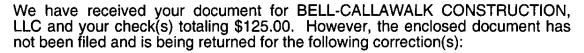
## FLORIDA DEPARTMENT OF STATE TARY OF Division of Corporations

January 26, 2016

PETER NINTCHEFF GOLDBERG COMPANIES, INC. 25101 CHAGRIN BLVD STE 300 BEACHWOOD, OH 44122 US

SUBJECT: BELL-CALLAWALK CONSTRUCTION, LLC

Ref. Number: W16000005436



Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 916A00001705

#### **COVER LETTER**

	Registration S Division of Co		 S				
SUBJEC		walk Cons	truction, LLC				
SUBJEC	-1;		Name of L	imited Liability (	Company		<del></del>
The enclo Existence	osed "Applicat e, and check ar	ion by Fore e submitted	eign Limited Liability Comp I to register the above refere	any for Authoriza nced foreign limit	tion to Trar led liability	nsact Business in Flo company to transac	orida," Certificate of t business in Florida
Please ret	turn all correst	ondence co	oncerning this matter to the f	following:			
	Peter	Nintcheff					
			Na	me of Person			
	Gold	berg Comp	anies, Inc.				
	<del></del>		Fii	rm/Company	* 0 n = -		
	2510	1 Chagrin I	Blvd., Suite 300			-	<b>さの る</b>
				Address			निसं ५ न
	Beac	hwood, Oh	io 44122				题写品
			City/St	ate and Zip Code		<u> </u>	THE P
	pnintc	heff@goldl	pergcompanies.com				200 20
	,		E-mail address: (to be used	for future annual	report noti	fication)	10 S
For furth	er information	concerning	this matter, please call:				
	Peter Nintche	ff		216 at (	831-610	00	
•		Name of	Contact Person	Area Code	Dayt	time Telephone Nur	nber
	MAILING A Division of Co Registration S P.O. Box 632 Tallahassee, F	orporations ection			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	l is a check for \$125.00 Fil		ng amount:  \$\Bigsig \\$130.00 \text{ Filing Fee & Certificate of Status}	□ \$155.00 Filii Certified Copy	ng Fee &	☐ \$160.00 Filing of Status & Certif	

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BI ISINESS IN THE STATE OF FLORIDA:

Bell-Callawalk Constru	action, LLC		
(Name of Fore	eign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," o	r "LLC.")
Liability Company," "L.L.C,	Iternate name adopted for the purpose of transa" or "LLC.")	acting business in Florida. The alternate na	me must include "Limited
2. Ohio	3	(FEI number, if applicable	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	e)
4.			
	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S	ida, if prior to registration.)	·····
5. <u>25101 Chagrin Blvd.</u> ,	Suite 300	The determine penalty nationally	_
Beachwood, Ohio 4412	22		
	(Street Address of Principal C	Office)	-is 5
6. 25101 Chagrin Blvd., S	Suite 300		
Beachwood, Ohio 4412	22		
	(Mailing Address)	W11	- 劉思 57 計
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	世紀宝
Name:	CT Corporation System	1101 acceptable)	7
Office Address:	1200 South Pine Island Road	<u> </u>	高品 8
	Plantation	, Florida 33324	
Registered agent's accep	(City)	(Zip code)	<del></del>
designated in this applica	gistered agent and to accept service of presention, I hereby accept the appointment as cons of all statutes relative to the proper and my position as registered agent.  CT Corporation Systems:  (Registered agent)	registered agent and agree to act in the nd complete performance of my dutiens tem  Michael Seraphin Asst, Sec	is capacity. I further agre
8. The name title or cana	city and address of the person(s) who has	/have authority to manage ic/are:	
Eric Bell, Sole Member	and address of the person(s) who has	manage is/are.	
25101 Chagrin Blvd., Suit	te 300		
Beachwood, Ohio 44122			
		****	
O. Attached is a certificate urisdiction under the law of the translator must be su	of existence, no more than 90 days old, du of which it is organized. (If the certificate abmitted)	uly authenticated by the official having is in a foreign language, a translation of	custody of records in the of the certificate under oath
	Signature of an auth	norized person	_
This document is executed submitted in a document to	in accordance with section 605.0203 (1) ( the Department of State constitutes a third	(b), Florida Statutes. I am aware that an	y false information 7.155, F.S.
	Enio Doll	2 Provided for middle.	· · · · · · · · · · · · · · · · · · ·

Typed or printed name of signee

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show BELL-CALLAWALK CONSTRUCTION LLC, an Ohio For Profit Limited Liability Company, Registration Number 3839244, was organized within the State of Ohio on December 14, 2015, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal-of the Secretary of State at Columbus, Ohio this 2nd day of February, A.D. 2016.

Ohio Secretary of State

Validation Number: 201603302514



Form 635A Prescribed by:

JON HUSTED OHIO SECRETARY OF STATE

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Mail this form to are of Die followings

Registrating person-profile

ROL Set 26

Columbus, DIC 17218

Repositr Friley (few bichlosed day a recessing time.

ROL Bes. 1998

Oblimates, DIC 12218

### Articles of Organization for a Domestic Limited Liability Company

Filling Fee: \$99 Form Must Be Typed 3.4 H

F

CHECK ONLY ONE (1) BOX

 Articles of Organization for Domestic For-Profit Limited Liability Company (116-LCA)

(2) Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)

	Name must include one of the following words or abbreviations: "limited flability company," "limited," "LLC," "LtC.," "lid., "or
ifective Date Optional)	(The legal existence of the limited liability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)
his (imited li) Optional)	sblity company shall exist for Period of Existence
urpose Optional)	
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Form 533A

clause be provided.

Page 1 of 3

"Note for Nonprofit LLCs
The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxistion and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose

Last Revised: 9/24/2016

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Form 533A

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Last Revised: 9/24/2015

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Articles and original
eppointment of agent must
be signed by a member,
manager or other
representative,

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Odi Rich	
Signature	
By (if applicable)	
Jodi Rich, Authorized Representative	
Print Name	
	_
Signature	
	_
By (if applicable)	
	-
Print Name	
Signature	_
By (If applicable)	
Print Name	_

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\* Form 533A

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