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(Requestor's Name)					
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PICK-UP WAIT MAIL					
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SECRETARY OF STATE
INTERPRETARY

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COVER LETTER

TO:	Registration Section Division of Corporations						
CHIDI	BEL Investments of Ohio, LLC						
SUBJECT:Name of Limited Liability Company							
The e Existe	nclosed "Application by Foreign Limited Liabiliance, and check are submitted to register the above	ty Company for Authorization to Transact Business in Florida," Certificate of ve referenced foreign limited liability company to transact business in Florida.					
Please	e return all correspondence concerning this matte	er to the following:					
	Craig D. Havens						
	Name of Person						
	Millikin & Fitton Law Firm						
		Firm/Company					
	9032 Union Centre Blvd., Suite 200						
		Address					
	West Chester, Ohio 45069						
	City/State and Zip Code						
	polisini@mfitton.com						
	E-mail address: (to	be used for future annual report notification)					
For fu	rther information concerning this matter, please	call:					
Craig D. Havens		513 863-6700 at ()					
	Name of Contact Person	Area Code Daytime Telephone Number					
Mailing Address: Registration Section		Street Address: Registration Section					
Division of Corporations		Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee					
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810					
		Tallahassee, FL 32303					

Enclosed is a check for the following amount:
Please make check payable to: FLORIDA DEPARTMENT OF STATE

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 BUSINESS IN THE STATE OF FLORIDA:

BEL Investments, LLC				
(Name of Foreign	Limited Liability Company; must include "Limit	ted Liability Co	mpany," "L.L.C.," or "LLC.")	
BEL Investments of Ohio	LLC			
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in	Florida. The alter	nate name must include "Limited Lial	bility Company," "L.L.C." or "L.L.C.")
Ohio		N	/A	
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number	r (Capplicable)
(-2)(-2)(-2)(-2)(-2)(-2)(-2)(-2)(-2)(-2)	men rotergii minied ratority company is organized)		(r thi manut	, ii applicable)
N/A				
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	o registration.)		
10399 Birkemeyer Dri 5.	ve	6.	399 Birkemeyer Drive	
(Street Address of Principal Office)		V	(Mailing Address)	
Cincinnati, Ohio 45242	2	Ci	ncinnati, Ohio 45242	
7 Name and as a self				
7. Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> acco	eptable)	2022 A Secon
Name:	Robert Joseph Lemmons, Sr.			PILE 922 AUG 1 2 SECRE LARY (ALL AHASSEE
Office Address:	25000 Divot Drive			AMII:
	Bonita Springs		34135 , Florida	7.4.18 0.000 to
	(City)		(Zin code)	

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Robert (Com

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Brandon J. Lemmons	□Manager	Name:
■Member	Address: 10399 Birkemeyer Drive	□Member	Address:
□Authorized	Cincinnati, Ohio 45242	□Authorized	
Person		Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	<u> </u>
Person		Person	
Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. 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.

Signature of an authorized person

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

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

I. Frank LaRose, 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 BEL INVESTMENTS, LLC, an Ohio Limited Liability Company, Registration Number 4887313, was organized in the State of Ohio on June 23, 2022, 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 24th day of June, A.D. 2022.

Fred for

Ohio Secretary of State