7/13/2017

17000 1507/3 213:36/54 Division of Corporations

12122023573 From: Kimberly Laughrey

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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.

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NFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO. Bell Gateway Investments LLC

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

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COVER LETTER

| | New Filing Section Division of Corporations | | |
|-------------|---|------------------|---|
| SUBJEC | Bell Gateway Investments LLC | | |
| GODGEC | | Limited Liabili | ty Company |
| The enclo | sed Articles of Organization and fee(s) |) are submitted | for filing. |
| Please ret | urn all correspondence concerning this | matter to the fo | ollowing: |
| | Christine Dziak | | |
| | | Name of | Person |
| | Ulmer & Berne LLP | | |
| | | Firm/Co | npany |
| | 1660 West 2nd Street, Suite 1100 | | |
| | | Addre | SS |
| | Cleveland, Ohio 44113 | | |
| | pnincheff@goldbergcompanies.com | City/State and | Zip Code |
| | E-mail address: (to be u | sed for future a | nnual report notification) |
| For further | information concerning this matter, ple | ease call: | |
| | Christine Dziak | 216 (| 583-7064 |
| | Name of Person | Area Code | Daytime Telephone Number |
| Enclosed | is a check for the following amount: | | |
| \$125.00 I | Filing Fee \$130.00 Filing Fee & Certificate of Status | Certifie | D Filing Fee & \$160.00 Filing Fee, d Copy |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |] | Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR 13 ORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited L | iability Company is: | | |
|--|---|--|--|
| | investments LLC | | |
| (Mus | st contain the words "Limited i | Liability Company, "I | L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and st | treet address of the principal o | ffice of the Limited L | Liability Company is: |
| <u>P</u> : | rincipal Office Address: | | Mailing Address: |
| | | | Change Davidsond Culta 200 |
| 25101 Chagrin | Boulevard, Suite 300 | 25101 | Chagrin Boulevard, Suite 300 |
| Beachwood, O ARTICLE III - Registere (The Limited Liability Cor | hio 44122 ed Agent, Registered Office, mpany cannot serve as its own | & Registered Agent Registered Agent. Y | nwood, Ohio 44122 |
| Beachwood, O ARTICLE III - Registere (The Limited Liability Coranother business entity wi | hio 44122 ed Agent, Registered Office, | & Registered Agent Registered Agent. You | nwood, Ohio 44122 |
| Beachwood, O ARTICLE III - Registere (The Limited Liability Coranother business entity wi | hio 44122 ed Agent, Registered Office, mpany cannot serve as its own th an active Florida registratio | & Registered Agent. You.) | nwood, Ohio 44122 |
| Beachwood, O ARTICLE III - Registere (The Limited Liability Coranother business entity wi | thio 44122 and Agent, Registered Office, mpany cannot serve as its own the an active Florida registratic street address of the registered | & Registered Agent. You.) | nwood, Ohio 44122 |
| Beachwood, O ARTICLE III - Registere (The Limited Liability Coranother business entity wi | thio 44122 and Agent, Registered Office, mpany cannot serve as its own the an active Florida registratic street address of the registered | & Registered Agent. You.) I agent are: tom Name | nwood, Ohio 44122 |
| Beachwood, O ARTICLE III - Registere (The Limited Liability Coranother business entity wi | thio 44122 and Agent, Registered Office, impany cannot serve as its own ith an active Florida registratic street address of the registered C T Corporation Sys | & Registered Agent. You.) I agent are: tom Name | awood, Ohio 44122 Signature: ou must designate an individual or |
| Beachwood, O ARTICLE III - Registere (The Limited Liability Coranother business entity wi | thio 44122 and Agent, Registered Office, impany cannot serve as its own ith an active Florida registratic street address of the registered C T Corporation Sys | & Registered Agent. You.) I agent are: Name And Road | awood, Ohio 44122 Signature: ou must designate an individual or |

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.

CT Corporation System

James M. Halpin

System Assistant Secretary

Register Agent's Signature (REQUIRED)

(CONTINUED)

TJUL 13 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)