L21000478283

_		_
(Requi	estor's Name)	
(Addre	PSS)	
(Äddre	ess)	
(City/S	State/Zip/Phone #)	
PICK-UP	W AIT	MAIL
(Busin	ess Entity Name)	
(Docu	ment Number)	
Certified Copies	Ceruficates of	Status
Special Instructions to Fili	ing Officer	

Office Use Only



300372747323

2021 HOV -4 ANTH: 57

2021 HOV -4 AM 9: 50



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

Date: November 08, 2021	
Name: KEN HOWELL	
Reference #:1519133	
Entity Name: BRIDGE POI	NT GRATIGNY, LLC
☐Articles.of_Incorporation/Authorization_t	o_Transact_Business
☐ Amendment	
☐ Change of Agent	toctines CALL
Reinstatement	ISSUES? CALL KEN:
✓ Conversion)	518-213-0738
☐ Merger	
☐ Dissolution/Withdrawal ** CERTI	FIED COPY UPON FILING **
☐ Fictitious Name	The state of the s
Other PLEASE RETAIN OR	IGINAL FILE DATE OF 11/8/2021
	•
Authorized Amount: \$150.00 \$	180.00
Signature	

+44 (0)20.3786.1090



November 4, 2021

COGENCY

SUBJECT: BRIDGE POINT GRATIGNY, LLC

Ref. Number: W21000144153

We have received your document for BRIDGE POINT GRATIGNY, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The date of organization does not match DOS records.

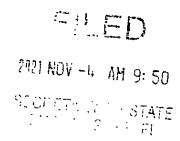
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

Letter Number: 321A00026940



Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: BRIDGE POINT GRATIGNY, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
September 16, 2021 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
BRIDGE POINT GRATIGNY, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

Signed this 3nd day of November	20 21
Signature of Authorized Representative of Dim	ted Liability Company:
Signature of Authorized Representative: Printed Name: Stave Poulos	Titles Manager
Signature(s) on behalf of Oliver Business Entitys [See below for required signature(s)]
Signature: Printed Name: Steve Parts	Title: Org
Signature: Printed Name:	Title:
Signature:	_Title:
Signature;Printed Name;	Title:
Signature:Printed Name:	Title:
Signature:	
If Florida Corporation; Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	Officer.
If Figrida General Partnership or Limited Liability Signature of one General Partner.	to Partnershine
If Florida Limited Partnership or Limited Liability Signatures of ALL Concret Partners.	ty Limited Partnerships
All others: Signature of an authorized person.	
Fees;	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25,00 \$125,00 \$30,00 (Optional) \$5,00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the	ame: Limited Liability Company	is:	
BRIDGE POINT (bility Company, "LLC.," or "LLC.')	
ARTICLE II - A		principal office of the Limited Liab	ility Company is:
Principal Office	Address:	Mailing Address:	
9525 W. BRYN M SUITE 700	AWR AVENUE	9525 W. BRYN MAWR AVENUE SUITE 700	
ROSEMONT, IL	0018	ROSEMONT, IL 60018	
(The Limited Liability	Registered Agent, Registe: Company cannot serve as its own Re an active Fierida registration.)	red Office, & Registered Agent's S gistered Agent, You coust designate an Individu	al or another
The name and th	e Florida street address of th	ne registered agent are:	2021 HOV
	COGENCY GLOBAL INC.	ame	1 4
	115 North Calhoun Street, Florida street address (F	Suite 4 2.0. Box NOT acceptable)	AH 99
	Tallahassee	FL 32301	: 50 :ATI
	City	Zip	1.1
		1. Luckenson Constant	where season limited

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..

Distant Concalde Asst. So. Registered Agent's Signature (REQUIRED)

(CONTINUED)

_	_	_	_	_			
Ю	•	T	•	T	17	11	,
 л.		1	┖	1.	æ	1 >	•

The name and address of each person authorized to manage and control the Limited Liability Company:

"MGR" = Manager MGR Steve Poulos 9525 W. Bryn Mawr, Suite 700 Rosemont, IL 60018 MGR Anthony Pricco 350 W. Hubbard Street, Suite 430 Chicago, IL 60654 Kevin Carroli 201 S. Biscayne Blvd., Suite 2601 Miami, FL 33131 (Use attachment if necessary) LE V: Other provisions, if any.	Steve Poulos 9525 W. Bryn Mawr, Suite 700 Rosemont, IL 60018 Anthony Pricco 350 W. Hubbard Street, Sulte 430 Chicago, IL 60654 Kevin Carroll 201 S. Biscayne Bivd., Suite 2601 Miami, FL 33131 Int if necessary) rovisions, if any. SIGNATURE: Atture of a member or an authorized representative of a member at is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware tha mation submitted in a document to the Department of State constitutes a third degree felon	Title:	Name and Address:
9525 W. Bryn Mawr, Suite 700 Rosemont, IL 60018 Anthony Pricco 350 W. Hubbard Street, Suite 430 Chicago, IL 60654 MGR Kevin Carroll 201 S. Biscayne Bivd., Suite 2601 Miamil, FL 33131 (Use attachment if necessary) PLE V: Other provisions, if any.	Steve Poulos 9525 W. Bryn Mawr, Suite 700 Rosemont, IL 60018 Anthony Pricco 350 W. Hubbard Street, Suite 430 Chicago, IL 60654 Kevin Carroll 201 S. Biscayne Bivd., Suite 2601 Miami, FL 33131 Int if necessary) rovisions, if any. SIGNATURE: atture of a member or an authorized representative of a member at is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware tha mation submitted in a document to the Department of State constitutes a third degree felon	"AMBR" = Authorized Member	
9525 W. Bryn Mawr, Suite 700 Rosemont, IL 60018 MGR Anthony Pricco 350 W. Hubbard Street, Suite 430 Chicago, IL 60654 MGR Kevin Carroll 201 S. Biscayne Bivd., Suite 2601 Miamil, FL 33131 (Use attachment if necessary) LE V: Other provisions, if any.	9525 W. Bryn Mawr, Suite 700 Rosemont, IL 60018 Anthony Pricco 350 W. Hubbard Street, Suite 430 Chlcago, IL 60654 Kevin Carroll 201 S. Biscayne Bivd., Suite 2601 Miami, FL 33131 Int if necessary) rovisions, if any. SIGNATURE: SI	"MGR" = Manager	
MGR Anthony Pricco 350 W. Hubbard Street, Sulle 430 Chicago, IL 60654 MGR Kevin Carroll 201 S. Biscayne Bivd., Suite 2601 Miami, FL 33131 (Use attachment if necessary) LE V: Other provisions, if any.	Anthony Pricco 350 W. Hubbard Street, Sulle 430 Chicago, IL 60654 Kevin Carroll 201 S. Biscayne Bivd., Sulte 2601 Miami, FL 33131 Int if necessary) rovisions, if any. SIGNATURE: Atture of a member or an authorized representative of a member at is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the matton submitted in a document to the Department of State constitutes a third degree felon	MGR	
MGR Anthony Pricco 350 W. Hubbard Street, Sulte 430 Chicago, IL 60654 MGR Kevin Carroll 201 S. Biscayne Bivd., Suite 2601 Miami, FL 33131 (Use attachment if necessary) LE V: Other provisions, if any.	Anthony Pricco 350 W. Hubbard Street, Sulle 430 Chicago, IL 60654 Kevin Carroll 201 S. Biscayne Bivd., Suite 2601 Miami, FL 33131 Int if necessary) rovisions, if any. SIGNATURE: Atture of a member or an authorized representative of a member it is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the matton submitted in a document to the Department of State constitutes a third degree felor		
MGR Kevin Carroll 201 S. Biscayne Bivd., Suite 2601 Miami, FL 33131 (Use attachment if necessary) LE V: Other provisions, if any.	Ature of a member or an authorized representative of a member it is executed in accordance with section 605.0203 (1) (b), Florida Statutes I am aware the matton submitted in a document to the Department of State constitutes a third degree felor		Rosemont, IL 60018
MGR Kevin Carroll 201 S. Biscayne Bivd., Suite 2601 Miami, FL 33131 (Use attachment if necessary) LE V: Other provisions, if any.	Ature of a member or an authorized representative of a member it is executed in accordance with section 605.0203 (1) (b), Florida Statutes I am aware the matton submitted in a document to the Department of State constitutes a third degree felor		
Chicago, IL 60654 Kevin Carroll 201 S. Biscayne Bivd., Suite 2601 Miami, FL 33131 (Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a membe	Chicago, IL 60654 Kevin Carroll 201 S. Biscayne Bivd., Suite 2601 Miami, FL 33131 Int if necessary) rovisions, if any. SIGNATURE: Atture of a member or an authorized representative of a member it is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the matton submitted in a document to the Department of State constitutes a third degree felor	MGR	Anthony Pricco
MGR Kevin Carroll 201 S. Biscayne Bivd., Suite 2601 Miami, FL 33131 (Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member	Mami, FL 33131 Int if necessary) rovisions, if any. SIGNATURE: Atture of a member or an authorized representative of a member it is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the matton submitted in a document to the Department of State constitutes a third degree felor		350 W. Hubbard Street, Sulte 430
(Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a membe	201 S. Biscayne Bivd., Suite 2601 Miami, FL 33131 Int if necessary) rovisions, if any. SIGNATURE: Atture of a member or an authorized representative of a member it is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the mation submitted in a document to the Department of State constitutes a third degree felor		Chlcago, IL 60654
(Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a membe	201 S. Biscayne Bivd., Suite 2601 Miami, FL 33131 Int if necessary) rovisions, if any. SIGNATURE: Atture of a member or an authorized representative of a member it is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the mation submitted in a document to the Department of State constitutes a third degree felor		
(Use attachment if necessary) LE V: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member.	Miami, FL 33131 Int if necessary) rovisions, if any. SIGNATURE: Ature of a member or an authorized representative of a member it is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the mation submitted in a document to the Department of State constitutes a third degree felor	MGR	Kevin Carroll
(Use attachment if necessary) LE V: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member	nt if necessary) rovisions, if any. SIGNATURE: Ature of a member or an authorized representative of a member t is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the mation submitted in a document to the Department of State constitutes a third degree felor		201 S. Biscayne Blvd., Suite 2601
LE V: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a membe	SIGNATURE: ature of a member or an authorized representative of a member it is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the mation submitted in a document to the Department of State constitutes a third degree felor	•	Miami, FL 33131
LE V: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a membe	SIGNATURE: ature of a member or an authorized representative of a member it is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the mation submitted in a document to the Department of State constitutes a third degree felor		
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member	SIGNATURE: ature of a member or an authorized representative of a member it is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the mation submitted in a document to the Department of State constitutes a third degree felor		
LE V: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a membe	SIGNATURE: ature of a member or an authorized representative of a member it is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the mation submitted in a document to the Department of State constitutes a third degree felor		
LE V: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a membe	SIGNATURE: ature of a member or an authorized representative of a member it is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the mation submitted in a document to the Department of State constitutes a third degree felor		
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member	SIGNATURE: ature of a member or an authorized representative of a member it is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the mation submitted in a document to the Department of State constitutes a third degree felor		
LE V: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a membe	SIGNATURE: ature of a member or an authorized representative of a member it is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the mation submitted in a document to the Department of State constitutes a third degree felor	(Use attachment if necessary)	
REQUIRED SIGNATURE: Signature of a member or an authorized representative of a membe	SIGNATURE: ature of a member or an authorized representative of a member it is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the mation submitted in a document to the Department of State constitutes a third degree felor	,	
REQUIRED SIGNATURE: Signature of a member or an authorized representative of a membe	SIGNATURE: ature of a member or an authorized representative of a member it is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the mation submitted in a document to the Department of State constitutes a third degree felor		
Signature of a member or an authorized representative of a membe	ature of a member or an authorized representative of a member is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the mation submitted in a document to the Department of State constitutes a third degree felor	LE V: Other provisions, if any.	
Signature of a member or an authorized representative of a membe	ature of a member or an authorized representative of a member is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the mation submitted in a document to the Department of State constitutes a third degree felor	·	
Signature of a member or an authorized representative of a membe	ature of a member or an authorized representative of a member is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the mation submitted in a document to the Department of State constitutes a third degree felor		
Signature of a member or an authorized representative of a membe	ature of a member or an authorized representative of a member is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the mation submitted in a document to the Department of State constitutes a third degree felor		
Signature of a member or an authorized representative of a membe	ature of a member or an authorized representative of a member is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the mation submitted in a document to the Department of State constitutes a third degree felor		
Signature of a member or an authorized representative of a membe	t is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the mation submitted in a document to the Department of State constitutes a third degree felor		
Signature of a member or an authorized representative of a membe	t is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the mation submitted in a document to the Department of State constitutes a third degree felor	REQUIRED SIGNATURE:	
Signature of a member or an authorized representative of a membe	t is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the mation submitted in a document to the Department of State constitutes a third degree felor	REQUIRED SIGNATURE:	
Signature of a member or an authorized representative of a membe	t is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the mation submitted in a document to the Department of State constitutes a third degree felor	REQUIRED SIGNATURE:	
	mation submitted in a document to the Department of State constitutes a third degree felor		
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am	mation submitted in a document to the Department of State constitutes a third degree left r in \$.817.155, P.S.	Signature of a member or	an authorized representative of a member
any raise information submitted in a document to the Department of State constitutes a third de	1 H(3,011,123,133,	Signature of a member or	e with section 605,0203 (1) (b). Florida Statutes, I am aware the
as provided tot itt s.o.t f. t.s.s, F.s.		Signature of a member or	e with section 605,0203 (1) (b). Florida Statutes, I am aware the

Typed or printed name of signee 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)