

M120000006861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400430646704

2024

RECEIVED

2024 JUN 26 PM 3:45

CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

6/26/24



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 06/03/24
Order #: 1500158-3
Re: BGL Real Estate Partners LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Supporting Documents

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
I20000000195

AUTH

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the "Enclosed please find:" text.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BGL Real Estate Partners LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy Lavender

Name of Person

Kelley Drye & Warren LLP

Firm/Company

333 W. Wacker Drive, Suite 2600

Address

Chicago, IL 60606

City/State and Zip Code

dkubel@kelleydrye.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn A. Basconi

at (216) 920-6665

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: BGL Real Estate Partners LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M12000006961

3. Jurisdiction of its organization: Ohio

4. Date authorized to do business in Florida: 12/13/2012

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Brown Gibbons Lang & Company Real Estate Partners LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

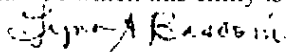
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Lynn Basconi

Typed or printed name of signee

CSC AMEND-13512

Filing Fee: \$25.00

DOC ID ----> 201431401176



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/10/2014	201431401176	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

ANTHONY DELFRE
BROWN GIBBONS LANG & COMPANY
1375 E. 9TH ST., #2500
CLEVELAND, OH 44114

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted
2024916

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
BROWN GIBBONS LANG & COMPANY REAL ESTATE PARTNERS LLC

and, that said business records show the filing and recording of:

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT

Effective Date: 11/07/2014

Document No(s):

201431401176



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
10th day of November, A.D. 2014.

Jon Husted

Ohio Secretary of State



Form 543A Prescribed by:
Ohio Secretary of State
JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
BusServ@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: \$50

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

MAY 31 2011
Date of Formation

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

BGL REAL ESTATE PARTNERS LLC
Name of limited liability company

2024916
Registration Number

RECEIVED
2014 NOV -7 AM 9:33
CLERK'S OFFICE
OHIO SECRETARY OF STATE

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

Brown Gibbons Lang & Company REAL ESTATE PARTNERS LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd." or "Ltd."

This limited liability company shall exist for a period of:

Period of Existence

Purpose

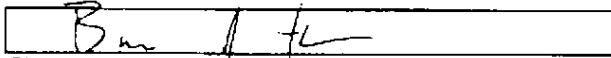
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

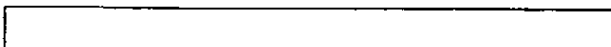
Required

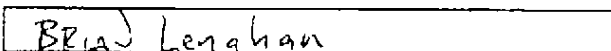
Must be signed by a member, manager or other representative.

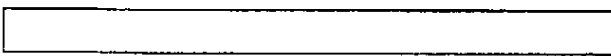
If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

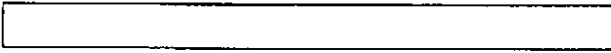
If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

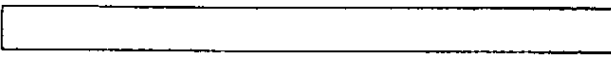

Signature

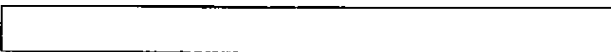

By (if applicable)


Print Name

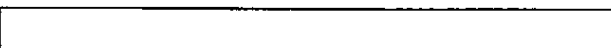

Signature


By (if applicable)


Print Name


Signature


By (if applicable)


Print Name

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

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 24th day of June, A.D. 2024.

Ohio Secretary of State

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Validation Number:

202417602888



Prescribed by
Bob Taft, Secretary of State
30 East Broad Street, 14th Floor
Columbus, Ohio 43266-0418
Form LCA (July 1994)

Approved _____
Date _____
Fee \$85.00

ARTICLES OF ORGANIZATION

(Under Section 1705.04 of the Ohio Revised Code)
Limited Liability Company

The undersigned, desiring to form a limited liability company, under Chapter 1705 of the Ohio Revised Code, do hereby state the following:

FIRST: The name of said limited liability company shall be _____

BGL Real Estate Partners LLC
(the name must include the words "limited liability company", "limited", "Ltd" or "Ltd.")

SECOND: This limited liability company shall exist for a period of Sixteen (16) years

THIRD: The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is:

1250 Cliff Laine Drive
(street or post office box)
Cincinnati, Ohio 45208
(city, village or township) (state) (zip code)

☐ Please check this box if additional provisions are attached hereto

Provisions attached hereto are incorporated herein and made a part of these articles of organization.

FOURTH: Purpose (optional) Real Estate ownership

IN WITNESS WHEREOF, we have hereunto subscribed our names, this 8th day of February, 1999.

February, 1999.

Signed: X Shelly S. Gerson
Signed: Michael Gerson

Signed: X Steven F. Bloomfield
Signed:

Signed: X Richard L. Levy
Signed:

Signed: Shelly S. Gerson Signed: Michael Gerson
Steven F. Bloomfield

Signed: X *Richard L. Levy* Signed: _____
Richard L. Levy

(If insufficient space for all signatures, please attach a separate sheet containing additional signatures)

INSTRUCTIONS

1. The fee for filing Articles of Organization for a limited liability company is \$85.00.
2. Articles **will be returned unless** accompanied by a written appointment of agent signed by all or a majority of the members of the limited liability company which must include a written acceptance of the appointment by the named agent.
3. A limited liability company must be formed by a minimum of two persons.
4. Any other provisions that are from the operating agreement or that are not inconsistent with applicable Ohio law and that the members elect to set out in the articles for the regulation of the affairs of the limited liability company may be attached.

2. Articles will be returned unless accompanied by a written appointment of agent signed by all or a majority of the members of the limited liability company which must include a written acceptance of the appointment by the named agent.

3. A limited liability company must be formed by a minimum of two persons.

4. Any other provisions that are from the operating agreement or that are not inconsistent with applicable Ohio law and that the members elect to set out in the articles for the regulation of the affairs of the limited liability company may be attached.

[Ohio Revised Code Section 1705.04]



Prescribed by
Bob Taft, Secretary of State
30 East Broad Street, 14th Floor
Columbus, Ohio 43266-0418
Form LCO (July 1994)

ORIGINAL APPOINTMENT OF AGENT
(for limited liability company)

The undersigned, being at least a majority of the members of _____
BGL Real Estate Partners LLC, hereby appoint
(name of limited liability company)
Steven F. Bloomfield to be the agent
(name of agent)

upon whom any process, notice or demand required or permitted by statute to be served
upon the limited liability company may be served. The complete address of the agent is:

1250 Cliff Laine Drive
(street address)
Cincinnati, Ohio 45208
(city, village or township) (zip code)
Note: P.O. Box addresses are not acceptable

* Shelly S. Gerson
(member) Shelly S. Gerson

* Paul L. Swenson
(member)

* Steven F. Bloomfield
(member) Steven F. Bloomfield

(member)

(If insufficient space for all signatures, please attach a separate sheet containing additional signatures)

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for _____

BGL Real Estate Partners LLC, hereby acknowledges and accepts the
(name of limited liability company)
appointment of agent for said limited liability company.

* Steven F. Bloomfield
Agent's Signature

INSTRUCTIONS

1. Articles of organization must be accompanied by an original appointment of agent R.C. 1705.06(B).
2. The agent for a limited liability company must be an individual who is a resident of Ohio, an Ohio corporation, or a foreign corporation holding an Ohio license as a foreign corporation. R. C. 1705.06(A)

HARRIS, HARRIS, FIELD,
SCHACTER & BARDACH LTD.

COUNSELORS AT LAW
CAREW TOWER - 41ST FLOOR
441 VINE STREET, CINCINNATI, OHIO 45202-3013

TELEPHONE: (513) 621-2666
TELECOPIER: (513) 621-4896

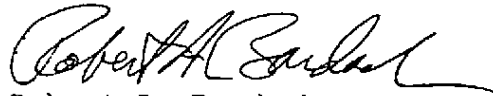
February 8, 1999

Ohio Secretary of State
30 East Broad Street, 14th Floor
Columbus, Ohio 43266-0418

Dear Sir or Madam:

Enclosed please find Articles of Organization and an Appointment of Agent for BGL Real Estate Partners LLC. A check in the amount of \$95.00 is also enclosed for the filing fee. This includes \$10.00 extra for **expedited service**. Please return a stamped copy to me in the enclosed self-addressed stamped envelope.

Very truly yours,



Robert A. Bardach

/rab

Enclosure

	DATE	DOCUMENT NO	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
1.	2/10/1999	199904100624	LCA ARTICLES OF ORGANIZATION/DOM. LIMITED LIABILITY C	85.00	10.00	0.00	0.00	0.00
			TOTAL	85.00	10.00	0.00	0.00	0.00

Return To:
HARRIS, HARRIS, FIELD ET AL
441 VINE ST
CAREW TWR 41ST FL
CINCINNATI, OH 45202-3013

-----cut along the dotted line-----



The State of Ohio

Certificate

Secretary of State - J. Kenneth Blackwell

1059296

It is hereby certified that the Secretary of State of Ohio has custody of the business records for BGL REAL ESTATE PARTNERS LLC and that said business records show the filing and recording of:

Document(s)
ARTICLES OF ORGANIZATION/DOM. LIMITED LIABILITY CO

Document No(s):
199904100624

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary
of State at Columbus, Ohio, This 9th day of
February, A.D. 1999



J. Kenneth Blackwell

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

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
24th day of June, A.D. 2024.

Ohio Secretary of State

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Validation Number:

202417602888



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/21/2006	200635401946	DISSOLUTION/LIMITED LIABILITY COMPANY (LDS)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

STATMAN HARRIS & EYRICH LLC
3700 CAREW TOWER
CINCINNATI, OH 45202

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1059296

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

BGL REAL ESTATE PARTNERS LLC

and, that said business records show the filing and recording of:

Document(s)

DISSOLUTION/LIMITED LIABILITY COMPANY

Document No(s):

200635401946



United States of America

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 19th day of December,
A.D. 2006.

J. Kenneth Blackwell



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

Mail Form to one of the Following:

☐ Yes PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☒ No PO Box 1028
Columbus, OH 43216

**CERTIFICATE OF DISSOLUTION OF LIMITED LIABILITY COMPANY/
CANCELLATION OF FOREIGN LLC**

(Domestic or Foreign)

Filing Fee \$50.00

(CHECK ONLY ONE (1) BOX)

(1) ☒ Domestic Limited Liability Company
(140-LDS)

(2) ☐ Foreign Limited Liability Company
(131-LFS)

Complete the general information in this section for the box checked above.

Name of Limited Liability Co. BGL Real Estate Partners LLC

Ohio Registration Number 1059296

Complete the information in this section if box (1) is checked.

An Ohio Limited Liability Company, hereby certifies that said Limited Liability Company was or shall be dissolved as of
December 30, 2006

(Date)

Complete the information in this section if box (2) is checked.

The undersigned limited liability company hereby certifies that it is no longer transacting business in the state of Ohio.

FIRST: The name of the limited liability company in its state of organization or registration is:

SECOND: The name under which the limited liability company registered to transact business in Ohio is:

THIRD: The limited liability company is formed under the laws of the state/country of:

(state or country)

(Please enter does revoke or does not revoked below)

FOURTH: The limited liability company _____ the authority of its registered
agent to accept service of process, notices and demands on its behalf.

If the authority of the limited liability company's statutory agent is revoked, then item fifth must be completed.

Complete the information in this section if box (2) is checked Cont.

FIFTH: The address to which a person may mail a copy of any process, notice, or demand against the company is:

(street address)

NOTE: P.O. Box Addresses are NOT acceptable.

(city, township, or village)

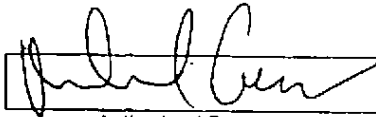
(state)

(zip code)

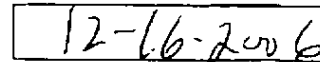
If this mailing address changes in the future, the limited liability company hereby agrees to notify the Ohio secretary of state of such change.

REQUIRED

Must be authenticated (signed)
by an authorized representative



Authorized Representative



Date

Michael Gerson, Authorized Member

(Print Name)

