



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
07/18/2024	202420002916	LIMITED PARTNERSHIP REGISTRATION (CLP)	99.00	0.00	0.00	0.00

Receipt

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

SAAD AND SAAD LLP
500 SOUTH FRONT STREET
SUITE 250
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
5259782

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
ARTEM ON GAY, L.P.

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

Document(s)

LIMITED PARTNERSHIP REGISTRATION

Effective Date: 07/18/2024

Document No(s):

202420002916



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
18th day of July, A.D. 2024.

Ohio Secretary of State

Form 531A Prescribed by:

Date Electronically Filed: 7/18/2024



Telephone: 877.767.3453

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

Certificate of Domestic Limited Partnership
Filing Fee: \$99
(141-CLP)
Form Must Be Typed

Name of the Partnership

ARTEM ON GAY, L.P.

Name must include one of the following words or abbreviations: "Limited Partnership," "L.P.," "Limited." or "Ltd."

**Address of the
Partnership's Principal
Place of Business**

366 EAST BROAD STREET SUITE 101

Mailing Address

COLUMBUS

City

OH

State

USA

Country

43215

ZIP Code

**Effective Date
(Optional)**

7/18/2024

Date

(The status of the partnership as a limited partnership begins upon the filing of the certificate or on a later date specified that is not more than ninety days after filing)

Name and Address of Each General Partner**Name**

FF ARTEM ON GAY GP, INC.

Business or Residential Address

366 EAST BROAD STREET SUITE 101 COLUMBUS OHIO 43215

Original Appointment of Statutory Agent

The undersigned authorized representative(s) of

ARTEM ON GAY, L.P.

(Name of Limited Partnership)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited partnership may be served. The complete address of the agent is:

ADAM F. SAAD

(Name of Statutory Agent)

500 S FRONT ST STE 250

(Mailing Address)

COLUMBUS

(Mailing City)

OH

(Mailing State)

43215

(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, named herein as the statutory agent for

ARTEM ON GAY, L.P.

(Name of Limited Partnership)

hereby acknowledges and accepts the appointment of agent for said limited partnership.

ADAM F. SAAD

(Individual Agent's Signature / Signature on Behalf of Corporate Agent)

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 all
general partners.

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

If general partner is a business
entity, not an individual,
then please print the
business name in the
"signature" box, a general
partner 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