B2500000032

(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:
W24-166114

Office Use Only



900441215169

THE SECRET THREE STATESHES SECRET THREE SECRET STATESHES SECRET S





January 17, 2025

COGENCY GLOBAL

SUBJECT: OHC MANAGEMENT, L.P.

Ref. Number: W24000166114

We have received your document for OHC MANAGEMENT, L.P. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

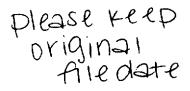
The General Partner filing was rejected.

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) 245-6051.

KYLE D BRUMBLEY Regulatory Specialist II Supervisor

Letter Number: 325A00001306







115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	01/21/2025	
Name:	Ovidshel Occean Jr.	
Reference #	2595779	
	OHC MA	NAGEMENT, L.P.
✓ Article	es of Incorporation/Authorization	on to Transact Business
☐ Ame	ndment	
☐ Char	nge of Agent	
Rein	statement	
Conv	version	
☐ Merg	er	
☐ Disse	olution/Withdrawal	
☐ Fictít	ious Name	
Othe	r	
Authorized A		
Signature:	J. Burn Ju	

Tallahassee, FL 32314

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJ	•		Man	agement, L.P.	
3000		e of Foreign Limited Partn	ership	or Limited Liability	Limited Partnership
partne	rship to transact bu			_	a foreign limited partnership or limited liability limited
		Aja Johnson			
		Contact Person			
		Origin Investments			
		Firm/Company	•		
	121 V	V Wacker Dr, Suite 1000			
		Address			
		Chicago, IL 60601			
	Ci	ty, State and Zip Code	_		
	ajohnso	n@origininvestments.co	ım		
E-ma	ail address: (to be u	sed for future annual repor	t noti	fication)	
For fu	rther information co	oncerning this matter, pleas	e call	:	
	Michael	McVickar	at (312	635-3704
	Name of Contac	t Person	_a. (_	Area Code and Dayti	me Telephone Number
Enclos	sed is a check for th	e following amount:			
(\$9	000.00 Filing Fee 965 Filing Fee and 5 Registered Agent e)	□\$1,008.75 Filing Fees and Certificate of Status		1,052.50 Filing Fees and Certified Copy	☐\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
	Mailing Address	<u>::</u>		Street /	Address:
	Registration S				tration Section
	Division of Co	•			on of Corporations
	P.O. Box 6327	/		The C	entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

I. OHC Managem	nent, L.P.	
(Name of Limited Partnership or Limited Liability Acceptable Limited Partnership suffixes: Limited Partnership, Acceptable Limited Liability Limited Partnership suffixes: Lim	Limited, L.P., LP, or Ltd.	
If name unavailable, name under which the limited partnership business in Florida; m	p or limited liability limited partnership proposes to renust contain acceptable suffix.	gister to transact
Delaware	3. February 22, 2023	
State or Country of Formation	Date of Formation	
4. Federal Employer Identification Number: 9	92-2597394	
 Name of Registered Agent for Service of Process and Flor Cogency Global Inc. 	rida Street Address:	
115 North Calhoun Street, Suite 4		
Tallahassee, Florida 32301		
5. I hereby accept the appointment as registered agent and agr of all statutes relative to the proper and complete performant my position as registered agent. Signature o		
7. Principal Office:	8. Mailing Address:	
615 Channelside Drive, Office 84	121 W. Wacker Dr., Suite 1000	25 25
Tampa, Florida 33602	Chicago, IL 60601	JAN 16
9. If limited partnership is a limited liability limited partner. 10. Name, principal office address, and mailing address of a Name of General Partner: OHC Management GP, LLC Street Address: 121 W. Wacker Dr., Suite 1000	each general partner:	CORPORATIONS
Chicago, IL 60601 Mailing Address:	Mailing Address:	
Name of General Partner:	Name of General Partner:	
Street Address:	Street Address:	
Mailing Address:		

	r:	Name of General Pa	rtner:
Street Address:		Street Address:	
Mailing Address:		Mailing Address:	
1). Effective date, if other 'Effective date cannot be pri Note: If the date inserted in document's effective date or	this block does not m	g:	ed by the Florida Department of State.) ments, this date will not be listed as the
Florida Department of State,	, by the Secretary of S	enticated, not more than 90 days prior to tate or other official having custody of t	the delivery of this application to the he entity's records in the jurisdiction under
	by the Secretary of Szed.	tate or other official having custody of the	

Page 2 of 2

\$52.50 \$8.75

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Filing Fees: Certified Copy (optional): Certificate of Status (optional):

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OHC MANAGEMENT, L.P." IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SEVENTEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OHC MANAGEMENT, L.P." WAS FORMED ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 205163885

Date: 12-17-24