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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JUL 09 2008

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Origin Management, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John R. Cappa II., Esq.

(Name of Person)

Cappa & Cappa PA

(Firm/Company)

1229 Central Avenue

(Address)

St. Petersburg, FL 33705

(City/State and Zip code)

For further information concerning this matter, please call:

John R. Cappa II., Esq.

(Name of Person)

at ( 727 ) 894-3159

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

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Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. **Origin Management, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Delaware**

(State or country under the law of which it is incorporated)

3. **26-2445025**

(FEI number, if applicable)

4. **April 22, 2008**

(Date of incorporation)

5. **perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **1920 North Lincoln Avenue, Suite C6, Chicago, IL 60614**

(Principal office address)

**1920 North Lincoln Avenue, Suite C6, Chicago, IL 60614**

(Current mailing address)

8. **Any lawful act or activity for which corporations may be organized**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **John R. Cappa II., Esq.**

Office Address: **1229 Central Avenue**

**St. Petersburg**

(City)

, Florida

**33705**

(Zip code)

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Michael Episcopo

Address: 1920 N. Lincoln Av. #6C  
Chicago, IL 60614

Vice Chairman: Michael Grillo

Address: 1920 N. Lincoln Av. #6C  
Chicago, IL 60614

Director: David Scherer

Address: 1920 N. Lincoln Av. #6C  
Chicago, IL 60614

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Michael Episcopo

Address: 1920 N. Lincoln #6C  
Chicago, IL 60614

Vice President: Michael Grillo

Address: 1920 N. Lincoln #6C  
Chicago, IL 60614

Secretary: David Scherer

Address: 1920 N. Lincoln #6C Chicago, IL 60614

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Michael Episcopo  
(Signature of Director or Officer listed in number 12 of the application)

14. Michael Episcopo, Chairman  
(Typed or printed name and capacity of person signing application)

# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORIGIN MANAGEMENT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF APRIL, A.D. 2008.



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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6537920

DATE: 04-22-08