ESC

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ACCOUNT NO.

072100000032

REFERENCE

7219594

AUTHORIZATION

in 1

COST LIMIT

\$ 125.00

ORDER DATE : July 25, 2001

ORDER TIME :

1:29 PM

ORDER NO. :

241915-040

CUSTOMER NO:

7219594

CUSTOMER:

Doug Buchanan, Esq

Dynex Financial Inc. 260 E. Brown Street

Suite 200

Birmingham, MI 48009

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FOREIGN FILINGS

ORIGEN INSURANCE AGENCY,

L.L.C.

200

QUALIFICATION

(TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

FIL PH 3:1

CONTACT PERSON: Norma Hull -- EXT# 1115

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608-503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 0		•
1. ORIGEN INSURANCE AGENCY, L.L.C.	خي - در ا	LET, TERM HUMAN OF
(Name of foreign limited liability company)		<u>er j</u> arre str
2. Virginia		
(Jurisdiction under the law of which foreign limited liability (FEI number,	The state of the s	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
company is organized) (FEI number,	if applicable)	
4. 06/15/2001		
(Date of Organization) 5. perpetual (Duration: Vaca limited in		
exist or "perpetual")	bility company will cease t	:o
6. upon filing.		
(Date first transacted business in Florida. (See sections 608.501, 608.502, and		· · · · · · · · · · · · · · · · · · ·
	817.155, F.S.)	
7. 4121 Cox Road, Suite 120	•	n jagaren en e
to the last	<u></u>	<u> </u>
Glen Allen, VA 23060		
(Street address of principal office)	<u>\$</u> <u>\$</u>	<u></u>
8 If limited liability comments		
8. If limited liability company is a manager-managed company, check here 🗷	<u></u>	- · · · · · · · · · · · · · · · · · · ·
	5 .0	<i>O</i>
9. The name and usual business addresses of the managing members or manager	s are as follows:	******
Ronald A. Klein, Manager	A.E.	
		- 3
260 E Brown St. Cuita 200 -	SE	
260 E. Brown St., Suite 200, Birmingham, MT 48009		
	-10	ို မ
	<u></u>	3 6
•	Ď.	π ω · · ·
Service Control of the Control of th		
10. Attached is an original cartificate of arise		
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the the jurisdiction under the law of which it is organized. (A photocorruin set of the law of which it is organized.)	official having custody of re	ecords in
	is in a foreign language, a	
translation of the certificate under oath of the translator must be submitted.)	S -5-5-,-	
11 Nature of husing		
11. Nature of business or purposes to be conducted or promoted in Florida: Insur	ance Agency	
•		<u> </u>
the second secon		er in Norwer S.A.
DIO		
Signature of a member or an authorized representative of a r	nember	

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Ronald A. Klein, Manager

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	· .	
ORIGEN INSURANCE AGENCY, L.L.C.		Ç <u>entin bilan</u>
2. The name and the Florida street address of the registered agent and office are:	. F	
Corporation Service Company (Name)	——————————————————————————————————————	12.2 = 1.7 1.2 = 1.7
Florida street address (P.O. Box NOT ACCEPTABLE)	AUG JI 4	HE PART
Tallahassee FL 32301 City/State/Zip Having been named as registered agent and to accept service of process for the above stated limited registered agent and agree to get in this certificate, I hereby accept the appointment as	PH 3: 09	
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 608, F.S		

(Signature)
By: Patrick Lalor, Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Communication Hinginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

A certificate of organization was issued by the Commission to Origen Insurance Agency, L.L.C., a limited liability company formed under the laws of VIRGINIA, effective as of June 15, 2001.

This certificate is in effect as of this date.

Nothing more is hereby certified.

OI AUG IL PM 3: 09
SECRETARY OF STATE
FALLAHASSEE, FLORIDA



Signed and Sealed at Richmond on this Date: July 25, 2001

Joel H. Peck, Clerk of the Commission