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| (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: | |
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Office Use Only

G. MCLEOD

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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Corporations Origin Realty Group, LLC SUBJECT: Name of Limited Liability Company The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.. Please return all correspondence concerning this matter to the following: John R. Cappa II, Name of Person John R. Cappa PA Firm/Company 1229 Central Avenue Address St. Petersburg, FL 33705 City/State and Zip Code Edward.Reagan@originrealtygroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John R. Cappa II Name of Person Area Code & Daytime Telephone Number **MAILING ADDRESS:** STREET ADDRESS: **Division of Corporations** Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: \$125.00 Filing Fee S130.00 Filing Fee & \$155.00 Filing Fee & \$\infty\$\$ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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: Origin Realty Group, LLC (Name of Foreign Limited Liability Company; must include "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 include "Limited Liability Company," "L.L.C," "LLC.") Delaware 20-8182198 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 02/05/2009 **Perpetual** (Date of Organization) (Duration: Year limited liability company will cease to Date of Registration (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 1122 North Lasalle Street Chicago, IL 60610 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Michael Episcope - 1122 North Lasalle Street, Chicago, IL 60614 David Sherer - 1122 North Lasalle Street, Chicago, IL 60614 Edward Reagan - 1122 North Lasalle Street, Chicago, IL 60614 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Any and all lawful purposes Signature of a member or an authorized representative of a member. (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.) EDWARD REAGAN

Typed or printed name of signee

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: |
|---|
| Origin Realty Group, LLC |
| If unavailable, the alternate to be used in the state of Florida is: |
| 2. The name and the Florida street address of the registered agent and office are: |
| John R. Cappa II (Name) |
| 1229 Central Avenue |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) |
| St. Petersburg FEL 33705 City/State/Zip |
| Having been named as registered agent and to accept service of process for the above stated limited |
| liability company at the place designated in this certificate, 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 |

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, Florida Statutes.

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00 \$ 5.00

(Signature)

File Number *

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To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ORIGIN REALTY GROUP, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 08, 2007, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 0923702266

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH

day of AUGUST

A.D.

2009

Desse White

SECRETARY OF STATE