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#### **COVER LETTER**

Division of Corporations	
SUBJECT: Origins Recovery	of Texas LLC
	e of Limited Liability Company
	ility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this mat	tter to the following:
Penny Brewer	
	Name of Person
Origins Recover	ry of Texas LLC
	Firm/Company
1114 Lost Creel	k Blvd. Ste 410
	Address
Austin, TX 7874	ŀ6
	City/State and Zip Code
pbrewer@origin	srecovery.com
E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, pleas	
Penny Brewer	ູ 512 ງ 308-6033 ຊື່ອ 💆
Name of Contact Person	Area Code Daytime Telephone Number 7
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount \$125.00 Filing Fee Certificate of S	g Fee & 🔲 \$155.00 Filing Fee & 🛢 \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Origins Recovery of Texas LLC		_
(Name of Foreign Limited Liability Company; must inclu	de "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of tr Liability Company," "L.L.C," or "LLC.")	ansacting business in Florida. The alternate name must include "Lin	nited
<sub>2.</sub> Texas	<sub>3.</sub> 27-0503549	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
<sub>4.</sub> 12/19/14		
(Date first transacted business in (See sections 605.0904 & 605.0905,	Florida, if prior to registration.) F.S. to determine penalty liability)	_
<sub>5.</sub> 933 45th Street		
	W	_
	of Principal Office)	-
6. 1114 Lost Creek Blvd, Suite 410	;	
Austin, TX 78746		
(Mailir	ng Address)	_ 453.444
7. The name, title or capacity and address of the pers	on(s) who has/have authority to manage is/are:	
Andrew Rothermel, CEO	F COR	
933 45th Street	- No. 1	-
West Palm Beach, FL 33407		-
8. Attached is an original certificate of existence, no n having custody of records in the jurisdiction under the acceptable. If the certificate is in a foreign language, a must be submitted)	law of which it is organized. (A photocopy is not	
1252		
Signature of ar Signature of a	n authorized person titutes an affirmation under the penalties of perjury that the facts stated here of State constitutes a third degree felony as provided for in s.817.155, F.S.)	ein are true. I
Andrew Rothermel		

Typed or printed name of signee

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE

FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND RE	GISTERED
AGENT IN THE STATE OF FLORIDA.	

1.	i ne name	of the Limit	ed Liability	<sup>'</sup> Company	/ 1S:
C	rigins	Recove	ery of 7	<b>Texas</b>	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:

Andrew Rothers	mel	- 28
	(Name)	
933 45th Street		C23
Florida Street Address (P.O. Box NOT ACCEPTABLE)		SEE 3 M
West Palm Beach	<sub>FL</sub> 33407	STATE STATE
	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 605, Florida Statutes.

(Signature)

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

\*Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



### Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Origins Recovery of Texas LLC (file number 801142934), a Domestic Limited Liability Company (LLC), was filed in this office on July 06, 2009.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 22, 2014.



NANDITA BERRY

Nandita Berry Secretary of State

Fax. (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 583540680002