## M250000000330

(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:

Office Use Only



600441755986

2025 JAN - 7 AM 10: 59

APPROVID

2025 JAN - 7 MATTE 48

JAN 08 2025

K. Brumbley



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:	01/06/2025		
Name:	Cheyanne Davis	_	
Reference	#:2595779	_	
Entity Name	e:OHC HOLDIN	IG COMPANY, LLC	
✓ Artic	cles of Incorporation/Authorization	to Transact Business	
Ame	endment		
Change of Agent			
Reinstatement			
Conversion			
☐ Merger			
☐ Dissolution/Withdrawal			
☐ Fictit	tious Name		
☐ Othe	er		
Authorized	Amount: \$125		
Signature:	Chyma Paine		

## COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	OHC Holding Company, LLC			
3000	Name of Limited Liability Company			
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ice, 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:			
	Aja Johnson			
	Name of Person			
Origin Investments				
Firm/Company				
121 W Wacker Dr, Suite 1000				
Address				
	Chicago, IL 60601			
	City/State and Zip Code			
ajohnson@origininvestments.com  E-mail address: (to be used for future annual report notification)				
For fur	ther information concerning this matter, please call:			
	Michael McVickar 312 635-3704			
	Name of Contact Person Area Code Daytime Telephone Number			
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status  Certificate of Status  Certified Copy  S160.00 Filing Fee, Certified Copy			

## 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: OHC Holding Company, 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. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") 27-0937264 Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) 615 Channelside Drive, Office 84 121 W. Wacker Dr., Suite 1000 (Street Address of Principal Office) (Mailing Address) Tampa, Florida 33602 Chicago, IL 60601 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Cogency Global Inc. Name: 115 North Calhoun St. Suite 4 Office Address: 32301 Tallahassee (City) Registered agent's acceptance: 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 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. Kim Peters
(Registered agent's signanure)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: OHC Manager, LLC Name: Name: Manager Manager 121 W. Wacker Dr. ☐ Member Address: ☐Member Address: Suite 1000, Chicago, IL 60601 Authorized Authorized Person Person \_\_\_Other\_\_\_\_ \_\_\_\_\_Other\_\_\_\_\_\_ Other\_\_\_\_ Other\_\_\_ Name: \_\_\_\_\_ Manager Address: \_\_\_\_\_\_ ∐ Member Address: \_\_\_\_\_ Member \_\_\_Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other\_ Other\_ Name: \_\_\_\_ Name: \_\_\_\_\_\_ Address: Address: \_\_\_\_\_ Authorized ☐ Authorized Person Person Other\_\_ \_\_Other\_\_\_\_ Other Other\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Manager

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "OHC HOLDING COMPANY, LLC" 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 SIXTEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OHC HOLDING COMPANY, LLC" WAS FORMED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2009.

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

Authentication: 205148913

Date: 12-16-24

4731120 8300 SR# 20244509918