



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Certificate Request Form**

**Request Information** (*Entity Name is only required for a Certificate of Non-Existence*)

ID	ENTITY NAME	CERTIFICATE TYPE
001659405	Michigan Avenue Capital Partners LLC	Good Standing Certificate

**Total Fee: \$22.00**

**Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name: SHASH MANOCHA

Business Name: ORIGIN BANK

No. and Street: 7720 N. MACARTHUR BLVD.

City or Town: IRVING

State: TX Zip: 75038 Country: USA

Contact Phone: (214) 577-6867 ext:

Contact Email: SMANOCHA@ORIGINBANKONLINE.COM

**Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.**