



State of Rhode Island and Providence Plantations

Department of State - Business Services Division
Application for Registration
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 SEP 25 PM 12:30

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:		
Origen Capital Investments II, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The LLC is organized under the laws of: Massachusetts		
3. The date of its organization is: January 10 2014		
And the period of its duration is: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name Alan Wolfe		
Street Address (NOT a P.O. Box) 321 South Main Street, Suite 301		
City/Town Providence	State RHODE ISLAND	Zip Code 02903
5. The Department of State is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.		
6. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED**SEP 25 2017**

BY

313311
A.A. 12:30p.m.

FORM 450 - Revised 08/2015

7. The mailing address for the limited liability company is:

76 Summer Street, Suite 610, Boston, MA 02110

8. Management of the Limited Liability Company:

The limited liability company is managed:

☐ By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)

☒ By one (1) or more managers (List managers below)

MANAGER

ADDRESS

James P. Robertson Jr.

76 Summer Street, Suite 610, Boston, MA 02110

9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is formed that is dated within 60 days of the filing of this document.

10. Date when this application for Certificate of Registration will be effective: **CHECK ONLY ONE BOX**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 30 days from the day of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.


Type or Print Name of LLC

Origen Capital Investments II, LLC

Date

9/22/2017

Signature of Authorized Person

 SIGN DOCUMENT HERE



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

September 11, 2017

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

ORIGEN CAPITAL INVESTMENTS II, LLC

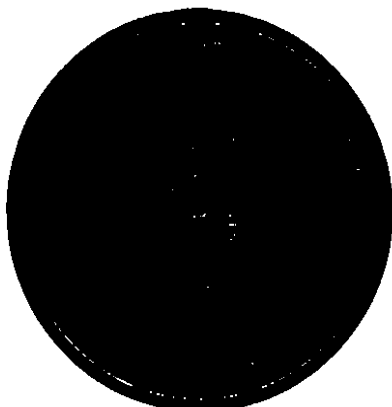
in accordance with the provisions of Massachusetts General Laws Chapter 156C on **January 10, 2014.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **JAMES P. ROBERTSON JR.**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **JAMES P. ROBERTSON JR.**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **JAMES P. ROBERTSON JR.**



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

September 25, 2017 12:30 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

