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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: OAKMONT RE LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARC SALOWSKY (Name of Person)
(Name of Person)
(Firm/Company)
5305 OAKMONT VILLAGE CIRCLE
(Address)
LAKE WORTH, FL 33463 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
MARC SALONSKY at (561) 968-0055 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Taliahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited L						
<u>OAKMON</u>	IT RE	LLC				
ARTICLE II - Address: The mailing address and st	reet address of the	principal o	ffice of the	Limited Liabi	lity Compa	my is:
Principal Office Address	<u>L</u>		Mailing A	ddress:		
5305 OAKMON	T VILLAGE		5305	OAKMON	T VIC	CAGE
CIRCLE	·		CTRC	LE		
LAKE WORTH, F	L 33463	3	LAKE	WORTH,	FL:	33463
ARTICLE III - Registere The name and the Florida	street address of th	e registered	agent are:	_	, <u>1</u>	OZ MARZ 22
	MARC Na	SALON	15KY		<u> </u>	3 0
<u>530</u>	5 OAKM Torida street address (ONT	UTULA	GE CI	RELE	0: F0
_LA	KE WORT City, Star	FLO e, and Zip	rida S	33463		
ng been named as registered a pany at the place designated in to act in this capacity. I furthe	this certificate, I h	ereby accept	t the appoin	tment as regist	ered agent	and

Registered Agent's Signature

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..

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
NOTE: An additional article must be	e added if an effective date is requested.
REQUIRED SIGNATURE:	
~	
Signature of a member or an a	authorized representative of a member.
(In accordance with section 608 of this document constitutes an a that the facts stated herein are tr	3.408(3), Florida Statutes, the execution affirmation under the penalties of perjury rue.)
MARC	SALONSKY
Typed or pr	SALONSKY inted name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)