

L12000127300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

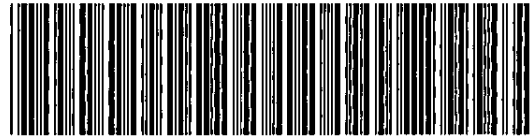
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT -4 AM 10:05

OCT - 5 2012

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Acument Partners 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:

Marshall McDonald, III

Name of Person

Law Office of Marshall McDonald, III, P.A.

Firm/Company

222 S. US Highway One, Suite 203

Address

Tequesta, Florida 33469

City/State and Zip Code

marshall@mcdonaldlawfirmfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marshall McDonald, III

Name of Person

at **(561) 748-2233**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



McDONALD LAW FIRM
MARSHALL McDONALD, III, ESQ.
ATTORNEY & COUNSELOR-AT-LAW
CERTIFIED PUBLIC ACCOUNTANT
CERTIFIED FINANCIAL PLANNER

222 S. U.S. Highway One, Suite 203
Tequesta, Florida 33469
www.mcdonaldlawfirmfl.com

(561) 748-2233 voice
(561) 748-2280 facsimile
marshall@mcdonaldlawfirmfl.com

October 2, 2012

Registration Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

In Re: Acument Partners LLC

To Whom It May Concern:

For purposes of an original filing, please find the following enclosed documents:

1. Cover letter;
2. Articles of Organization;
3. Check number 1662 in the amount of \$130 for the filing fee and a certificate of status.

Please process the enclosed documents and send confirmation of the filing to us. If you have any questions, or need additional information, please do not hesitate to contact our office.

Very truly yours,

A handwritten signature in black ink that reads "Laura Thomas". The signature is fluid and cursive.

Laura Thomas

Paralegal to Marshall McDonald, III

/It

Encl.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Acument Partners LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

790 Andrews Avenue A-105
Delray Beach, FL 33483-7243

Mailing Address:

980 North Michigan Avenue
Suite 1400
Chicago, IL 60611

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Tim Morell

Name

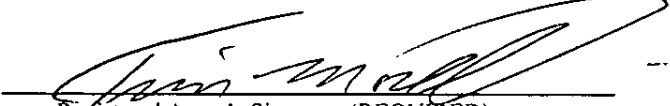
1933 Tom A Toe Road

Florida street address (P.O. Box NOT acceptable)

Lake Worth FL 33426

City, State, and 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 608, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

H. Scott Burgess

790 Andrews Avenue A-105

Delray Beach, FL 33483-7243

MGRM

Patrick J. Leemputte

980 North Michigan Avenue, Suite 1400

Chicago, IL 60611

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Howard Scott Burgess

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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