

L18000087717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

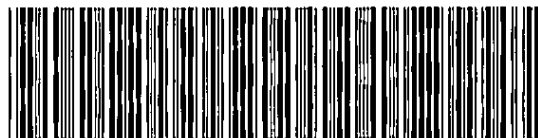
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2018 APR 11 PM 2:08
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APR 11 2018

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 156886 4309934

AUTHORIZATION :

[Signature]

COST LIMIT : \$155.00

ORDER DATE : April 11, 2018

ORDER TIME : 11:46 AM

ORDER NO. : 156886-005

CUSTOMER NO: 4309934

DOMESTIC FILING

NAME: OAKMONT PARTNERS, LLC

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT. 62925

EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Oakmont 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:

Aniko Bouley, ACP

Name of Person

McLane Middleton, Professional Association

Firm/Company

900 Elm Street

Address

Manchester, NH 03101

City/State and Zip Code

john.colucci@mcclane.com

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

For further information concerning this matter, please call:

Aniko Bouley, ACP

603

628-1443

at ()

Name of Person

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

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

Street Address

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Oakmont Partners, LLC

(Must contain 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:

3001 PGA Boulevard, Suite 102
Palm Beach Gardens, Florida 33410

Mailing Address:

3001 PGA Boulevard, Suite 102
Palm Beach Gardens, Florida 33410

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:

Michael Reed C/O Dakota Wealth LLC

Name

3001 PGA Boulevard, Suite 102

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

Palm Beach Gardens FL 33410

City

State

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

MGR

Milont, MA 02186

MGR

Wenham, MA 01984

MGR

Manchester, MA 01944

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ARTICLE VI: Other provisions, if any.

SIGNATURE: *[Signature]*

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)