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SECRETARY OF STATE STATE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: _850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 156886 AUTHORIZATION : COST LIMIT : 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

	lew Filing Section Division of Corporations		
SUBJECT	Oakmont Partners, LLC		
		of Limited Liability Company	
The enclos	sed Articles of Organization and fee	e(s) are submitted for filing.	
Please retu	um all correspondence concerning t	his matter to the following:	
	Aniko Bouley, ACP		
		Name of Person	
	McLane Middleton, Professional	Association	
		Firm/Company	
	900 Elm Street		
		Address	78
	Manchester, NH 03101		APR
<u>.</u>	john.colucci@mclane.com	City/State and Zip Code	SIVISION OF CORPORATION 18 APR 11 PH 3 27
-	E-mail address: (to be	used for future annual report notification)	* 300 C
For further in	nformation concerning this matter, 1	please call:	STATE
	Aniko Bouley, ACP	603 628-1443	*
·	Name of Person	Area Code Daytime Telephone Number	
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fee \$130.00 Filing Fee Certificate of Statu)
	Mailing Address New Filing Section	Street Address New Filing Section	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

Ordinat anatala				
(Mitht continu	the words "Limited Liab	nility Company	,"LLC.," or "LLC.")	
CLE II - Address:				
uiling address and street addr	ess of the principal office	of the Limite	d Liability Company is:	• . • •
Principal C	Office Address:		Mailing Address:	
3001 PGA Boulevard, S	Serito 102	300	1 PGA Boulevard, Suite 102	
	lorida 33410		m Beach Gardens, Florida 33410	
business entity with an acti-	, Registered Office, & Renot serve as its own Reg ve Florida registration.)	legistered Agest,		
LE III - Registered Agent, mited Liability Company can business entity with an acti- ne and the Florida street add	, Registered Office, & Renot serve as its own Reg ve Florida registration.) bress of the registered again	legistered Agest, ristored Agest, rat are:	nt's Signature: You must designate an individual or	
I.E. III - Registered Agent, mited Liability Company can business entity with an acti- ne and the Florida street add	Registered Office, & Renot serve as its own Reg ve Florida registration.) tress of the registered ago Michael Reed C/O Dako	legistered Agest, istored Agest, at are:	nt's Signature: You must designate an individual or	
LE III - Registered Agont, nited Liability Company can business entity with an acti- ne and the Florida street add	Registered Office, & Renot serve as its own Reg ve Florida registration.) tress of the registered ago Michael Reed C/O Dako	legistered Agest, ristored Agest, rat are:	nt's Signature: You must designate an individual or	i
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LE III - Registered Agent, mitted Liability Company can business entity with an action and the Florida street add	Registered Office, & Renot serve as its own Registered Serve Florida registration.) bress of the registered agr. Michael Reed C/O Dakot Na 3001 PGA Boulevard, Su	degistered Agent, ristored Agent, rat are: ta Wealth LLC time.	nt's Signature: You must designate an individual or	

and while the description of the position as regularital agent as provided for in Chapte

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
MGR	Peter F. Mawn		
	41 Milton Street	 -	
	Milont, MA 02186		
٠. • وتان	AND THE REPORT		
MGR	John F. DeSimone		
	15 Porter Street		
	Wenham, MA 01984		ت
		— ≅	
MGR_	Myranda O'Bara	₽	350
	38 Walker Road	×	SECRETARY OF STATE JIVISION OF CORPORATIONS
	Manchester, MA 01944		묶팢
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(Use attachment if necessary)		~	7
ARTICLE V: Effective date if other than the de	ate of filing: (OPTIONAL)		
If an effective date is listed, the date must be	specific and cannot be more than five business days prior to	, , , ,	e.
he date of filing.)	specific and cannot be more than five business days prior to	or 90 days	aiter
	t meet the applicable statutory filing requirements, this date w		
the document's effective date on the Departme	nt of State's records	ill not be its	ted as
and document a cricerive date on the Departme	in of State 5 records.		
ARTICLE VI: Other provisions, if any.			
<u> </u>			
			•
			-
			•
REQUIRED SIGNATURE:	1		
() 0.	ENT		
	1 / 2		
Signature of a	member or an authorized representative of a member.	_	
This document is exec	cuted in accordance with section 605.0203 (1) (b), Florida Stat	iutes.	

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.

John F. DeSimone, Manager

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)