M 1900000527

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500322100775

01/11/19--01011--013 **id5.U0

SEURIANT OF STATE

M SALLAGE

COVER LETTER

SUBJECT: _	Dakmont Construction Company, LLC	
	Nam	e of Limited Liability Company
The enclosed " Existence, and	Application by Foreign Limited Liability (check are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in F
	l correspondence concerning this matter to	
	Joel Sklar	
		Name of Person
	Evans Petree PC	
		Firm/Company
	1715 Aaron Brenner Drive, Suite 800	
		Address
	Memphis, Tennessee 38120	
	Cit	ty/State and Zip Code
	djacobs@epiahs.com	
	E-mail address: (to be	used for future annual report notification)
or further info	mation concerning this matter, please call:	
Doroth	y Jacobs	228 223-3794
	Name of Contact Person	at () Area Code Daytime Telephone Number
Divisio Registr P.O. Be	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	ck for the following amount:	
\$12	5.00 Filing Fee S130.00 Filing Fe Certificate of:	e & Status Status Status Certified Copy S160.00 Filing Fee, Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	n Company, LLC		- 1
(V CE	1 Company, LLC		
(Name of Foteig	n Limited Liability Company; must include "Limited	Liability Company, "L.L.C.," or "LLC.")	-
			li.
muvailable, enter alternate	name adopted for the purpose of transacting business in Hork	da The alternate name until include "Limited Liabdity Company," "L.L.	C7 or =11 C
awarc			.c., or eze.
Jurisdiction under the law of which foreign limited liability company is organized)		83 - 2620140 3.	;]
requestions resides use (\$40 of a	inch foreign limited liability company is organized)	3. (FEI number, if applicable)	
			
	(Date first transacted business in Florads, if pour to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration) penulty liability)	
Business Centre Di		42 Business Centre Drive, Suite 301	
	Principal Office)	6. (Mailing Address)	
	·	(Mailing Address)	
ramar Beach, Floric	la 32550	Miramar Beach, Florida 32550	1.
			
			11
Name:	James M Carroll		
Office Address:	42 Business Centre Drive, Suite 301		
		22550	Li
	Miramar Beach	32550 Florida	
	Miramar Beach (Cay)		
ered agent's accep	(Cuy)	. Florida(Zap code)	1
been named as re-	(Cuy) tance:	. Florida	y at the p
t been named as reparted in this application	(Cuy) tance: gistered agent and to accept service of pro	. Florida (Zap code) (Zap code) (Decess for the above stated limited liability comparing the stated limited liability limited liability comparing the stated limited liability liability limited liability limited liability limited liability liability limited liability limited liability limited liability liability liability liability liability liability liability liabili	: [
t been named as rep ated in this applicat ply with the provision	(Cay) tance: gistered agent and to accept service of pro tion, I hereby accept the appointment as re ons of all statutes-telative to the proper or	. Florida	: [
t been named as rep ited in this applicat ply with the provision	(Cuy) tance: gistered agent and to accept service of pro	. Florida (Zap code) (Zap code) (Decess for the above stated limited liability comparing the stated limited liability limited liability comparing the stated limited liability liability limited liability limited liability limited liability liability limited liability limited liability limited liability liability liability liability liability liability liability liabili	: [
t been named as rep ited in this applicat ply with the provision	(Cay) tance: gistered agent and to accept service of pro tion, I hereby accept the appointment as re ons of all statutes-telative to the proper or	. Florida (Zap code) (Zap code) (Decess for the above stated limited liability comparing the stated limited liability limited liability comparing the stated limited liability liability limited liability limited liability limited liability liability limited liability limited liability limited liability liability liability liability liability liability liability liabili	: [
been named as rep ited in this applicate ply with the provision	(Cay) tance: gistered agent and to accept service of pro tion, I hereby accept the appointment as re ons of all statutes-telative to the proper or	. Florida (Zap code) ocess for the above stated limited liability comparegistered agent and agree to act in this capacity. nd complete performance of my duties, and I am	: [
g been named as repaired in this application in this application in the provision in the pr	(Cay) tance: gistered agent and to accept service of pro ilon, I hereby accept the appointment as r ons of all statutes relative to the proper an of my position as registered agent.	. Florida (Zap code) ocess for the above stated limited liability comparegistered agent and agree to act in this capacity. nd complete performance of my duties, and I am	: [
iply with the provisi	(Cay) tance: gistered agent and to accept service of pro ilon, I hereby accept the appointment as r ons of all statutes relative to the proper an of my position as registered agent.	. Florida (Zap code) ocess for the above stated limited liability comparegistered agent and agree to act in this capacity. nd complete performance of my duties, and I am	: [

Title or Capacity:	Name and Address:
Member	Newave Equity II Trust
	4410 Leisure Time Drive
	Diamondhead, Mississippi 39525
Member	Jeff Simmons
_	208 Burchwood Terrace
	Hot Springs, Arkansas 71913
attachments if necessary)	
ached is a certificate of existence	, no more than 90 days old, duly authenticated by the official having custody of records sorganized. (If the certificate is in a foreign language, a translation of the certificate und
nis document is executed in according tred in a document to the Department to the De	dance with section 605.0203 (1) (b). Florida Statures. I am aware that any false information of State constitutes a third degree felony to provided for in s.817.155, F.S.
Ja	Signatura est an miliformed person
///	arroll, Registered Agent

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OAKMONT CONSTRUCTION COMPANY, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FOURTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OAKMONT CONSTRUCTION COMPANY, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

at corp.delaware.gov/auth

Authentication: 202024569

Date: 01-04-19

7159494 8300 SR# 20190082705

You may verify this certificate online at corp.delaware.gov/authver.shtml