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A SEC Registered Universiment Advisor

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TÄLLÄTRANT SI LÄNE AR HÜNE KLUSSANA

April 27, 2005

Florida Department of State Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Sir:

Attached is our application for Articles of Organization and Designation of Registered Agent along with our check of \$160.00 as required for filing fees and certificates.

Regards,

Jamison Savage

Managing Director

JSS/mmc

Encl

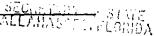
TRANSMITTAL LETTER

TO:

Registration Section Division of Corporations

2005 APR 28 P 1: 40

SUBJECT: Aspen Capital Management, LLC



(Name of Limited Liability Co	ompany) MCC/MMS	or Li
The enclosed Articles of Organization and fee(s) are submitted for fi	fifing.	
Please return all correspondence concerning this matter to the follow	wing:	
Jamison Savage		
(Name of Person	1)	
Aspen Capital Management, LLC		
(Firm/Company))	
711 5th Avenue South, Suite 212		
(Address)		
Naples, FL 34102		
(City/State and Zip C	ode)	
For further information concerning this matter, please call:		

Jamison Savage

at (_239

325-2200

(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)

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 Tallahassee, Florida 32314

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY, COMPANY, 10

ARTICLE I - Name:	SUCRETALLY GO DIVITE TALLAND SOME SHE SHORIDA		
The name of the Limited Liability Company is:	AUGULT CONTRACTOR		
Aspen Capital Management, LLC			
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
711 5th Avenue South, Suite 212	711 5th Avenue South, Suite 212		
Naples, FL 34102	Naples, FL 34102		
The name and the Florida street address of the re	egistered agent are:		
Name			
711 5th Avenue South, Suite 2	12		
Florida street add	ress (P.O. Box NOT acceptable)		
Naples 34102	FL		
City, State, a	nd Zip		
liability company at the place designated in the registered agent and agree to act in this capacity	accept service of process for the above stated limited in scrtificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and		

(CONTINUED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Page 1 of 2

ARTICLE IV- Man The name and addres		g Member(s): r Managing Member is as follow	/S: [50] [6] ,	الما شيا
Title:		Name and Address:	d t!,	7سسا س
"MGR" = Manager "MGRM" = Managin	ng Member		2005 APA 28	B □ 1:40
MGRM		Jamison Savage	SECAL	SIMTE
		711 5th Avenue South, Suite 212 Naples, FL 34102	ALLAHASS	i∹ FLORIÐ∧
(Use attachment if ne	ecessary)			
NOTE: An addition	nal article must be a	ndded if an effective date is req	uested.	
REQUIRED SIGNA	ATURE:			
	Jan	Ma.		
Sign	nature of a member or	an authorized representative of a me	mber.	
ofti	accordance with section his document constitutes nat the facts stated hereir	608.408(3), Florida Statutes, the execu an affirmation under the penalties of p are true.)	tion erjury	
Ja	mison Savage			
	Typed o	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)