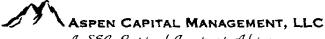
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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	
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A SEC Registered Unvestment Advisor

FILED

235 AFR 28 P 1:42

TALLARISSE L'ALTINGA

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

FILED

TO: Registration Section
Division of Corporations

205 APR 28 P 1: 42

Division of Corporations	7.0 KH S8 E
SUBJECT: Aspen Capital Group, LLC	C. C. C. C. C. C.
(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:	
Jamison Savage	
(Name of Person)	
Aspen Capital Group, LLC	
(Firm/Company)	
711 5th Avenue South, Suite 212	
(Address)	
Naples, FL 34102	
(City/State and Zip Code)	

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 &

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	my is:
Aspen Capital Group, LLC	
ARTICLE II - Address: The mailing address and street address of	the principal 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 o Jamison Savage	f the registered agent are:
Name	
711 5th Avenue South,	Suite 212
Florida street address (P.O. Box NOT acceptable)	
Naples 34102	FL
City,	State, and Zip
liability company at the place designate registered agent and agree to act in this co	nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and

Registered Agent's Signature

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

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): FILED The name and address of each Manager or Managing Member is as follows: Title: Name and Address: 1385 AFR 28 P 1: 42 "MGR" = Manager "MGRM" = Managing Member MGRM Jamison Savage 711 5th Avenue South, Suite 212 Naples, FL 34102 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signature of a plember or an approprized 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.) Jamison Savage Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)