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(City/State/Zip/Phone #)

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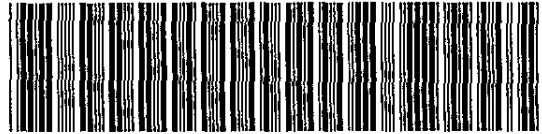
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02/13/06--01056--011 **160.00

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W006-8353

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alpine Asset Advisors, 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:

Jamison Savage

(Name of Person)

Alpine Asset Advisors, LLC

(Firm/Company)

711 Fifth Avenue South, Suite 212

(Address)

Naples, FL 34102

(City/State and Zip Code)

For further information concerning this matter, please call:

Jamison Savage

(Name of Person)

at (239) 325-2200

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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STATE
OF
FLORIDA

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FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

JAMISON SAVAGE
711 FIFTH AVENUE SOUTH STE 212
NAPLES, FL 34102

SUBJECT: ALPINE ASSET ADVISORS, LLC
Ref. Number: W06000008353

We have received your document for ALPINE ASSET ADVISORS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 13, 2006. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 006A00011883

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STATE
FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alpine Asset Advisors, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

711 Fifth Avenue South, Suite 212

Naples, FL 34102

Mailing Address:

711 Fifth Avenue South, Suite 212

Naples, FL 34102

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:

Jamison Savage

Name

711 Fifth Avenue South, Suite 212

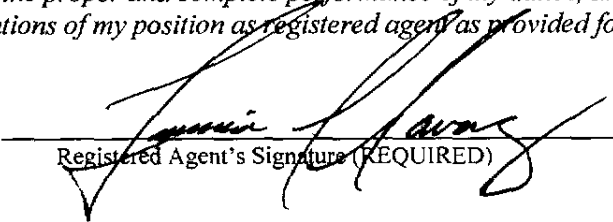
Florida street address (P.O. Box **NOT** acceptable)

Naples

FL 34102

City, State, and 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 608, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

Name and Address:

MGRM

Jamison Savage

711 Fifth Avenue South, Suite 212

Naples, FL 34102

MGRM

Joseph Derickson

711 Fifth Avenue South, Suite 212

Naples, FL 34102

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/11/2006 2 / 11 / 2006 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized 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 of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)