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PICK-UP	☐ WAIT ☐ MAIL
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COVER LETTER

TO:

Registration Section
Division of Corporations

Division of Corporations

Tallahassee, FL 32314

Enclosed is a check for the following amount:

□\$125.00 Filing Fee □\$130.00 Filing Fee &

P.O. Box 6327

SUBJECT: ASCENDA Fund Management LLC (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
JEFFREY S. SALVATI (Name of Person)
(Name of Person)
Ascenda Fund Hanagement LLC (Firm/Company)
13625 Eagle Ridge Dr. #321
Fort HyERS, FL 33912 (City/State and Zip Code)
For further information concerning this matter, please call:
JEFFREY SAVATI at 239 561-7533
(Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Certified Copy

□\$155.00 Filing Fee & \$\$160.00 Filing Fee, Certificate

of Status & Certified Copy

Clifton Building

Certificate of Status

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIC LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Ascenda Fund Hanagement LLC. (Name of Foreign Limited Liability Company)
2. <u>JE/AWORE</u> (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)
4. <u>December 12 200.5</u> (Date of Organization) 5. <u>PERSETURA</u> (Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 13625 Eagle Ridge Drive # 321
Fort Hyers, FL 339/2 (Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
Ascenda Capital LLC
13625 Eagle Ridge Dr. #327
FORT HYERS, FL 339/2
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Originale Deals . Deal Flow for Limited Partnerships
Jefforf fatak
Signature of a member of an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
JEFFREY S. SALVATI
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Ascenda Fund Hanagement LLC.
ASCENCE TIME Advicement 220.
2. The name and the Florida street address of the registered agent and office are:
JEffrey S. Salvati
13625 Engle Ridge Dr. #321 Florida Street Address (P.O-Box NOT ACCEPTABLE)
Ft. Hyerr FL 339/2 City/State/Zip
City/State/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 statistics
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, Florida Statutes.
Jely Hatach
(Signature)

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional)

5.00

\$ 25.00 Designation of Registered Agent

Certificate of Status (optional)

Delaware

PAGE 3

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASCENDA FUND MANAGEMENT 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 TWELFTH DAY OF DECEMBER, A.D. 2005.



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 4364065

DATE: 12-12-05

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