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N. CAUSSEAUX
JUL 1 1 2008
EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporation	ons
SUBJECT: Aspen Priva	ite Capital, LLC
	(Name of Limited Liability Company)
	Foreign Limited Liability Company for Authorization to Transact Business in nce, and check are submitted to register the above referenced foreign limited business in Florida
Please return all corresponder	ace concerning this matter to the following:
Hetha Chel	in
	(Name of Person)
Aspen Priva	ate Capital, LLC
-	(Firm/Company)
34 N. Fort I	Harrison Ave., Suite A (2nd Floor),
	(Address)
<u>Clearwater,</u>	Florida 33755
	(City/State and Zip Code)
For further information conce	rning this matter, please call:
Hetha Chelin	at (727) 442-6400
(Name	of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRES	S: STREET ADDRESS:
Division of Corporation	•
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the fol	lowing amount: \$\int\{\Bar{2}\}\$130.00 \text{ Filing Fee & } \Bar{2}\\$155.00 \text{ Filing Fee & } \Bar{2}\\$160.00 \text{ Filing Fee, Certificate} \text{ Certified Copy of Status & Certified Copy}

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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Aspen Private Capital LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
_{2.} Delaware 3. 14-1940896
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 25 July 2001 _{5.} Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. July 2008
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 34 North Fort Harrison Ave. Suite A
Clearwater, FL 33755
(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:
Brandon Marion - 34 North Fort Harrison Ave., Suite A, Clearwater, FL 33755
Bill Greenwalt - 34 North Fort Harrison Ave., Suite A, Clearwater, FL 33755
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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: Investment Advisory Firm
managing one or more hedge funds.
Plal
Signature of a member or 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.) Hetha Chelin

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.

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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, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ASPEN PRIVATE CAPITAL 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 SECOND DAY OF JULY, A.D. 200

Warriet Smith Hindra

Harriet Smith Windsor, Secretary of State **AUTHENTICATION:** 6704557

DATE: 07-02-08

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