# lonua Department of State

Division of Corporations Electronic Filing Cover Sheet

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#### FLORIDA/FOREIGN LIMITED LIABILITY CO.

Aspen Shackleton Properties LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

D. BRUCE

JAN 19 2010

**EXAMINER** 

**COVER LETTER** 

10:	Registration Section Division of Corporation	òns		
SUBJ	ЕСТ:	Aspen Shackleton Properties LLC		
		Name of Limited Liability Company		
		Poreign Limited Liability Company for Authorization to Transact Business in Florid- itted to register the above referenced foreign limited liability company to transact bus		
Picase	return all correspondence	se concerning this matter to the following:		
		Terri Seaving		
		Name of Person	•	
		Josselson a Potter		
		Firm/Company		
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		Terri Seaving 8,503, 228-1455	Druj @	
	Nam	to of Person Area Code & Daytime Telephone Number	-	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassec, FL 32314	S: STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building		
		Tallahassoe, PL 32301		
Enclo	sed is a check for the	e following amount:		
	S125.00 Filing Fcc	\$130,00 Filing Fee & Certificate 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 POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Aspen Shackleton Properties LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.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.") (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 12/2/2009 (Duration: Year limited liability company will cease to exist or "perpensal") (Date of Organization) n Florida, if prior to registration.) F.S. to determine penalty liability) 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: Agren Shackleton LLC 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having outsody 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: 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 ponalties of perjury that the facts stated herein are true.)

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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Flaving 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.

By: CJ Corporation System
By: Dovic Kluess, Ast Secretary
(Signature)

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

#### CERTIFICATE

# State of Oregon

# OFFICE OF THE SECRETARY OF STATE Corporation Division

I. KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

#### ASPEN SHACKLETON PROPERTIES LLC

was

organized

under the Oregon

Limited Liability Company Act

nn

December 2, 2009

and is active on the records of the Carporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

KATE BROWN, Secretary of State

 $B_{\lambda}$ 

Jodi Florsberg

January 13, 2010

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