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#### Foreign Limited Liability Company Aspen Shackleton II LLC

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**EXAMINER** 

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Aspen Shackleton II LLC	INTEOF PLORIDA:
(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
	,
If name unavailable, enter alternate name adopted for the purpose onsent of the managers or managing members adopting the altern company," "L.L.C," "LLC.")	of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability
Oregon 3.	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
10/13/2010 5.	perpetual Trans
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted business in Flori (See sections 608,501 & 608,502 F.S. to	ida, if prior to registration.)
9400 SW Beaverton-Hillsdale Hwy, Suite 131	
Beaverton, OR 97005	STA LOSSON
	Principal Office)
. If limited liability company is a manager-managed of the name and usual business addresses of the managed of	
O. Attached is an original certificate of existence, no more than 90 date jurisdiction under the law of which it is organized. (A photocopy anslation of the certificate under oath of the translator must be submit.	
1. Nature of business or purposes to be conducted or p	promoted in Florida:Investment
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	norized representative of a member.
penalties of perjury that the facts stated herein are true	tion of this document constitutes an affirmation under the . I am aware that any false information submitted in a a third degree felony as provided for in s.817.155, F.S.)
Irving Poster	

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	e of the Limited Liability	y Company is:		
Aspen Shackle	eson II LLC			
If unavailable, the alternate to be used in the state of Florida is:				
2. The name	e and the Florida street a	address of the registered agent and office are:		
	C T Corporation System	1		
		(Narne)		
	1200 South Pine Island R	Roud		
	Florida St	treet Address (P.O. Box NOT ACCEPTABLE)		
	Plantation	FL 33324		
		City/State/Zip		
liability comp agent and ag- relating to the	oany at the place designat ree to uct in this capacity e proper and complete pe	•		
		(Signature) Dovie Kluess, Aget. Sordany		
	•	0		
	S	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 II LLC

was

organized

under the Oregon

Limited Liability Company Act

on

October 13, 2010

and is active on the records of the Corporation 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

 $B_{\mathcal{Y}}$ 

Tange L. Auterson

November 5, 2010

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