Division of Corporations Electronic Filing Cover Sheet

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(((H11000210342 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

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**Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company Aspen Shackleton III LLC

Certificate of Status Certified Copy 1 Page Count 95 U Estimated Charge \$155.00

245-6030

SEP 21 2011

A. LUNT

EXAMINER



September 1, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: ASPEN SHACKLETON III LLC

REF: W11000045391

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

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) 245-6094.

Agnes Lunt Regulatory Specialist II FAX Aud. #: H11000210342 Letter Number: 911A00020407

RE-SUBMIT
Please retain original filing date of submission 8/24

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:

1. Aspen Shackleton III U.C		
(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 consent of the managers or managing members adopting the alternate Company," "L.L.C," "LLC.")	of transacting business in Plorida and attach a copy of the wrin te name. The alternate name must include "Limited Liability	iten
2. Delaware 3.		
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, If applicable)	
	perpetual .	
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	
6.	F ac	23
(Date first transacted business in Florid (See sections 608,501 & 608,502 F.S. to	a, if prior to registration.) determine penalty liability)	T Au
7. 9400 SW Beaverton-Hillsdale Hwy., Suite 131-A, Beaverton, O	R 97005	とって
(Street Address of F	Principal Office)	in the
8. If limited liability company is a manager-managed co		5
9. The name and usual business addresses of the managin		C
7. The name and usual business addresses of the managing	ing members of managers are as follows:	
<u> </u>		
Gregory Funding, LLC		
9460 SW Beaverton-Hillsdale	Hwy #131, Bewaton, DR 970	005
	,	
 Attached is an original certificate of existence, no more than 90 days he jurisdiction under the law of which it is organized. (A photocopy is a 	old, duly authenticated by the official having custody of records	in
ranstation of the certificate under eath of the translator must be submitte	d.)	
1. Nature of business or purposes to be conducted or pro-	Tarranto	
Signature of a member or an author (in accordance with section 608.408(3), F.S., the execution		
penalties of perjury that the facts stated herein are true. I s		
Irving Potter	<u> </u>	
Typed or printed nar	me 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 L Aspen Shackleton III LI	imited Liability Company is:	
If unavailable, the alt	ernate to be used in the state of Florida is:	
2. The name and the	Florida street address of the registered agent and office are:	2811 Au 6 2 4
стс	orporation System රාද්	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	(Name)	
1200 \$	South Pine Island Road	5
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	୍ଦୁ କ
Plant	etion FL 33324	
	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 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) Carreron Cullen, Asst-Sec.

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASPEN SHACKLETON III 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 TWENTY-THIRD DAY OF AUGUST, A.D. 2011.

DATE: 08-23-11