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SECRETARY OF STATE

B. BOSTICK
MAR 2 3 2012

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: ASP Capital Partners Investment Fund I, 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:

	Scott Baratta						
	,		Name of Person				
	Ascent Surgical Pa	ırtners					
			Firm/Company				
	2100 SE Ocean E	Boulevard	Suite 102	•			
			Address				
	Stuart, Florida 349	96					
		C	ty/State and Zip Coo	ie		SE TALL	.
	scottb@ascenta					CREE AND	וררי
		`	used for future annu	ial repo	ort notification)	122 1488 1488	-
For further infor	mation concerning this ma	atter, please ca	11:			m⊆ 70	m
Scott	Baratta		at (_772)	223-9130	PH 12:	J
	Name of Persor	1	Area Code & Dayti	me Tel	lephone Number	AO HE P	
Divisio Registra P.O. Bo	n of Corporations ation Section by 6327 ssee, FL 32314	Di Re Cl 26	REET ADDRESS: vision of Corporatio gistration Section ifton Building 61 Executive Center llahassee, FL 32301	ns	,		
		ng amount: Filing Fee & ate of Status	\$155.00 Filing Certified Copy		\$160.00 Filing of Status & C	g Fee, Certificate 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. ASP Capital Partners Investment Fund I, LL	
(Name of Foreign Limited Liability Company; must includ	e "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 altern Company," "L.L.C," "LLC.")	e of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability
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. N/A	~
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	o determine penalty liability)
7. 2100 SE Ocean Boulevard, Suite 102	
Stuart, Florida 34996	ASSI
(Street Address o	f Principal Office)
8. If limited liability company is a manager-managed of	f Principal Office) company, check here Company, check here
9. The name and usual business addresses of the mana	OF 9
Ascent Surgical Partners, LLC	
2100 SE Ocean Blvd., Suite 102	
Stuart, FL 34996	
10. Attached is an arisinal cartificate of artistance no manuthan 00 de	nys old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy	
translation of the certificate under oath of the translator must be subm	itted.)
11. Nature of business or purposes to be conducted or	promoted in Florida: To acquire and hold
majority or minority interests in surgery centers sele	octed by manager for the purposes of investment
Non Dearth	Quel
	norized/representative of a member.
· · · · · · · · · · · · · · · · · · ·	ion 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.)
Robert O. Baratta, M.D.	

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:	

ASP Capital Partners Investment Fund I, LLC

If unavailable, the alternate to be used in the state of Florida is:			
2. The name and the Florida street address of the registered agent and office are:	SEUNE TALLAH	12 MAR	Language
Edwin E. Mortell, III	IASS	N 22	Paramen Paramen
(Name)	m _c		
416 SE Flamingo Avenue	- S17	PH 12: 4	J
Florida Street Address (P.O. Box NOT ACCEPTABLE)	TATE ORIDA	61	
Stuart, FL 34996			
City/State/Zin			

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, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ASP CAPITAL PARTNERS INVESTMENT

FUND I, 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 NINTH DAY OF

MARCH, A.D. 2012.

12 MAR 22 PM 12: 49
SEURLIARY OF STATE
TALL AHASSEF FLORIDA

5073593 8300

120274355

AUTHENTY CATION: 9419452

DATE: 03-09-12

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