# M15000001801

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(6)	h/Stata/Zin/Dhan	. 40		
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		,		
·				
<u> </u>				

₹.

Office Use Only



900269889329

02/26/15--01018--020 \*\*130.00

2015 FEB 26 MI II: 36 SECRETARY OF STATE PAIN SERVICE PLOSION

### **COVER LETTER**

TO: Registration Section
Division of Corporations

<sub>suвјест:</sub> Aspen Private Capital, 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:

Brandon Marion		
Name of Person		
Aspen Private Capital, LLC		
Firm/Company		
PO Box 606		
Address		
Clearwater, FL 33757		
City/State and Zip Code		
mackenzie@aspenprivatecapital.com		

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Mackenzie Pasco

. 121

400-6950

Name of Contact Person

Area Code

Daytime Telephone Number

#### **MAILING ADDRESS:**

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

#### **STREET ADDRESS:**

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

■ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	y; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
If name unavailable, enter alternate name adopted for the plaintity Company," "L.L.C," or "LLC.")	purpose of transacting business in Florida. The alternate name must include	`Limited
State of Colorado	<sub>3.</sub> 14-1940896	
(Jurisdiction under the law of which foreign limited liabil company is organized)	lity (FEI number, if applicable)	
<sub>L</sub> 1 December 2014		
(Date first transacted (See sections 605.0904 &	business in Florida, if prior to registration.) & 605.0905, F.S. to determine penalty liability)	
300 Turner Street		85
Clearwater, FL 33756		HEB (
(Str	reet Address of Principal Office)	26
. PO Box 606		
Clearwater, FL 33757	· 	14 36 14 88
	(Mailing Address)	
7. The name, title or capacity and address of	f the person(s) who has/have authority to manage is/are:	
Brandon Marion Managing	Member	
		<del></del>
aving custody of records in the jurisdiction i	ence, no more than 90 days old, duly authenticated by the under the law of which it is organized. (A photocopy is no negative a translation of the certificate under oath of the tr	ot

Signature of an authorized person
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

## **Brandon Marion**

Typed or printed name of signee

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Aspen Private Capital,	LLC	
If unavailable, the alternate to be used i	in the state of Florida is:	
2. The name and the Florida street add	ress of the registered agent and office are:	
Brandon Mar	ion	
	(Name)	- - <b>29</b>
300 Turner S	St .	
Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)	8 26 10 26
Clearwater	5L 33756	ا المالية
	City/State/Zip	EFFLORID
Having heen named as registered agent	and to accept service of process for the above .	<b>**</b>

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 605, Florida Statutes.

Braulen Marier
(Signature)

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

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

#### Aspen Private Capital, LLC

is a **Limited Liability Company** formed or registered on 03/21/2006 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20061120453.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/14/2015 that have been posted, and by documents delivered to this office electronically through 01/15/2015 @ 12:38:11.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 01/15/2015 @ 12:38:11 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9063796.



Mayne N. Williams

Secretary of State of the State of Colorado

\*\*\*\*\*\*\*\*\*\*End of Certificate\*\*\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <a href="http://www.sos.state.co.us/biz/CertificateSearchCriteria.do">http://www.sos.state.co.us/biz/CertificateSearchCriteria.do</a> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. <a href="Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate.">http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."</a>