Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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) 205-8842 : (850)878-5368 Fax Number

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

Email Address:

Foreign Limited Liability Company Aspen ML LLC

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Corporate Filing Menu

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1/8/2016

8506176383(2/4)

TO:

COVER LETTER

TO:		ration Section on of Corporatio	ns	•	,		
SUBJE		spen ML LLC					
	-		Name o	f Limited Liability	Company		-
The en Exister	closed "A	Application by Fo theck are submitt	reign Limited Liability Cor ed to register the above ref	mpany for Authoriz erenced foreign limi	ation to Tr ited liabilit	ansact Business in Florida, y company to transact busi	" Certificate of ness in Florida.
Please	return all	correspondence	concerning this matter to th	e following:			
		Terri Searing					
		,,,		Name of Person	**************************************		→
		Josselson & Po	otter				
	Firm/Company						•
	9400 SW Beaverton-Hillsdale Hwy, Suite 131-A						
	Address						-
		Beaverton, OR	97005			•	,
	City/State and Zip Code						-
		terri@jprlaw.com					_
	•		E-mail address: (to be us	ed for future annua	report no	tification)	•
For furt	her infor	mation concernin	g this matter, please call:	•			
	Terri S	earing		503 át (228-14		
	•	Name	of Contact Person	Area Code	Day	rtime Telephone Number	-
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section uilding cutive Center Circle ion, FL 32301	·
Enclose		eck for the follow .00 Filing Fee	ing amount: \$\Bigcup \\$130.00 Filling Fco & Certificate of Status	□ \$155.00 Filin Certified Copy		☐ \$160.00 Filing Fee, Cof Status & Certified Co	

1/8/2016 10:15:08 AN From: To: 8506176383(3/4)

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 TOTRANSACT BURNESS IN THE STATE OF FLORIDA.

1. Aspen ML LLC (Name of Port	elga Limited Liability Company; mu	st include "Limited	Liability Company, "L.L.C.," of	or "LLC,")		
(If namo unavailable, enter al	lternate name adopted for the purpos	se of transacting bu	siness in Florida. The alternate na	ame must inc	lude "Li	nited
Liability Company," "L.L.C,	" or "LLC;")					
2. Oregon (Jurisdiction under the law company is organized)	of which foreign limited liability	3	(FEI number, if applicabl	e)		_
4	(Date first transacted busine (See sections 605.0904 & 605	ess in Florida, if pri .0905, F.S. to deter	or to registration.) mine penalty liability)			
5. 9400 SW Beaverton-H	lillsdale Hwy., Ste 131			_	•	
Beaverton, OR 97005						
0400 STU Descenter III	(Street Address of)	Principal Office)		_		
6. 9400 SW Beaverion-Hi	illsdale Hwy., Ste 131-A			<u> </u>	100	
Beaverton, OR 97005				_		g year digital bis
	(Malling	Address)		The state of	5.75 C.	å į
7. Name and street addres	s of Florida registered agent: (P.	O. Box NOT ac	ceptable)		i ir	Average.
Name:	C T Corporation System		· ·		(20	T
Office Address:	1200 South Pine Island Road		<u></u>	ີ ເກັຕ໌ ກ່າວນີ້ ບັນ	\triangleright	
	Plantation		, Florida	유지	ά	.•
Registered agent's accept	(City)		(Zip code)		7	
designated in this applicate to complywith the provision accept the obligations of n	gistered agent and to accept servition, I hereby accept the appointment of all statutes relative to the my position as registered agent. By: (Regist city and address of the person(s)	iment as register, proper and comp ysters Den cred agont's signat	ed agent and agree to act in to elete performance of my duth ise Bell, Assistant Secre	his capacit es, and I an	y. I furt	her agre
Steve Rosenberg, Member		•				
9400 SW Beaverton-Hills	dale Hwy., Ste 131-A					
Beaverton, OR 97005					•	
9. Attached is a certificate jurisdiction under the law cof the translator must be su		ertificate is in a fo	rcign language, a translation o	g custody o	frecords Teate und	in the der oath
		of an authorized po		-61 . 6		
This document is executed submitted in a document to	in accordance with section 605.0 the Department of State constitu	tes a third dogree	da Statutes. I am aware that ar felony as provided for in s.81	ny taise info 7.155, F.S.	rmation	٠
	Steve Russon Typed or p	vinted name of sign	ec			

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

Certificate of Existence 780L468E3

I, JEANNE P. ATKINS, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

ASPEN ML LLC

is

Organized

under the laws of The State of Oregon

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.

JEANNE P. ATKINS, SECRETARY OF STATE

1/6/2016