#11000019119

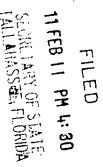
(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	· · · · · · · · · · · · · · · · · · ·
(City	//State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Name)
(Doo	cument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to I	Filing Officer:	
		l

Office Use Only



100193726541

02/11/11--01008--021 **160.00



EXAMINER FEB 1 4 2011

COVER LETTER

TO:	Registration Section Division of Corporations	
SHRII	ECT: Aspetto Medical De	vices LLC
5000		ited Liability Company
The en	closed Articles of Organization and fee(s) ar	e submitted for filing.
Please	return all correspondence concerning this ma	atter to the following:
	Michael Domson	
		Name of Person
	Aspetto Medical Device	es LLC
		Firm/Company
	1294 Milano Circle	
		Address
	Dunedin, FL 34698	
		City/State and Zip Code
	mfdomson@gmail.com E-mail address; (to be used	for future annual report notification)
For fur	ther information concerning this matter, plea	,
Mich	nael Domson	at (727) 460-7773
	Name of Person	at (727) 460-7773 Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:	•
S125.00	Filing Fee \$\int_\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Wast tha with the words Link	S LLC ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1294 Milano Circle	1294 Milano Circle
Dunedin, FL 34698	Dunedin, FL 34698
business entity with an active Florida registration.)	own Registered Agent. You must designate an individual or another of the registered agent are:
The hame and the Fiorita street address	
Michael Domso	$\frac{1}{2}$
	Name A P
	Name A P
Michael Domso	Name Fig. 2
Michael Domso	Name A P

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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	Michael Domson	
	1294 Milano Circle	
	Dunedin, FL 34698	
(Use attachment if necessary)		
I F V. Effective date if other than	the date of filing: (OPTION	JA
	st be specific and cannot be more than five business d	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, 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.)

Michael Domson

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)