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Certified Copies Certificates of Status		of Status
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November 7, 2007

Gina McLeod Regulatory Specialist II Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Ms. McLeod,

Please, accept the revised application for a foreign limited liability company authorization to transact business in Florida. I apologize for the mistake on our initial application.

Hopefully, the current application is sufficient and we look forward to receiving acceptance of this filing. If there are any further discrepancies, I can be reached at 954-336-0777.

Regards,

Ken Solovay

General Manager

Aspiration Medical Technology LLC

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Aspiration Medical Technology, 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:
Tim Langloss
(Name of Person)
Aspiration Medical Technology, LLC
(Firm/Company)
12555 Orange Drive, Suite 102
(Address)
Davie, FL 33330
(City/State and Zip Code)
For further information concerning this matter, please call:
Tim Langloss _{at (} 212 ₎ 767-7500
(Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: STREET ADDRESS:
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
Tallahassee, FL 32314 Cinton Building 2661 Executive Center Circle
Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Bigcup \\$125.00 \text{ Filing Fee} \bigcup \\$130.00 \text{ Filing Fee & }\Bigcup \\$155.00 \text{ Filing Fee & }\Bigcup \\$160.00 \text{ Filing Fee, Certificate }\text{ Certified Copy }\text{ of Status & Certified Copy } of Status & Certified

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. Aspiration Medical Technology, LLC (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 of transacting business in Florida and attach a copy consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Company," "L.L.C.," "LLC.")		
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. T4-3126455 (FEI number, if applicable)		
4. 6/10/2004 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will ceal exist or "perpetual")	se to	
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		DI:
7. 12555 Orange Drive, Suite 102	07 OV 1 9	DISIVID
Davie, FL 33330		92 92 93
(Street Address of Principal Office)	- - 	
8. If limited liability company is a manager-managed company, check here		
9. The name and usual business addresses of the managing members or managers are as follows:	2: 12	
12555 Orange Drive, Suite 102		
Davie, FL 33330		
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign langual translation of the certificate under oath of the translator must be submitted.)		ords in
11. Nature of business or purposes to be conducted or promoted in Florida:		
Medical Research	•	
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)		
William F. Dovle		

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:
Aspiration Medical Technology, LLC
If name unavailable, the alternate name to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are: Kenneth Solovay Aspiration Medical Technology, LLC (Name) 12555 Orange Drive, Suite 102 Florida Street Address (P.O. Box NOT ACCEPTABLE)
Davie 33330 FL City/State/Zlp
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, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASPIRATION MEDICAL TECHNOLOGY, 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 FIFTEENTH DAY OF AUGUST, A.D. 2007.

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070844928

Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5929243

DATE: 08-15-07