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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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J. SAULSBERRY EXAMINER

SEP 27 2012

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE		piryon, LLC. C Limited Liability Company		
		Company for Authorization to Transact Business in Florida e referenced foreign limited liability company to transact bus		
Please re	eturn all correspondence concerning this matter	to the following:		
	Elizabeth Campos	Name of Person		
	Aspiryon, LLC.			
		Firm/Company		
	1003 Sabinas			
	Hidalgo, TX 78557-3730	Address Address	2012 SEP 26	77
		City/State and Zip Code		
For furth	E-mail address: (to be mer information concerning this matter, please co	e used for future annual report notification)	AH :8 23	()
	Elizabeth Campos Name of Person	at (919) 900-8621 Area Code & Daytime Telephone Number		
	Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Registration Section Registration Section Registration Section Registration Section Registration Section	TREET ADDRESS: ivision of Corporations egistration Section lifton Building 661 Executive Center Circle allahassee, FL 32301		
	ed is a check for the following amount: \$125.00 Filing Fee \$\text{Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certific of Status & Certified Copy	ate	

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. Aspiryon, LLC. (Name of Foreign Limited Liability Company; must in	clude "Limited Liability Company," "L.L	.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the pur consent of the managers or managing members adopting the a Company," "L.L.C," "LLC.")				
2. State of Texas	3. 45-2751663			
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applic	cable)		
_{4.} 9/15/2011	5. Perpetual	.*		
(Date of Organization)	(Duration: Year limited liability co exist or "perpetual")	mpany will cea	ise to	
6. N/A		≱ co	7817	
(Date first transacted business in (See sections 608.501 & 608.502 F	Florida, if prior to registration.) .S. to determine penalty liability)	L CRET	R.	
7. 1003 Sabinas		SS	26	-
Hidalgo, TX 78557-3730		E P	歪	[]
8. If limited liability company is a manager-manage	<u> </u>	ORIDA	9. 23	. cyde
9. The name and usual business addresses of the ma	anaging members of managers are a	as follows.		
3117 Kentish Town Lane				
Raleigh, NC 27612				
10. Attached is an original certificate of existence, no more than 9 the jurisdiction under the law of which it is organized. (A photoc translation of the certificate under oath of the translator must be su	opy is not acceptable. If the certificate is in a			ords in
11. Nature of business or purposes to be conducted	or promoted in Florida: Business and	IT Consulting Se	ervices	
	authorized representative of a mem		·	,
(In accordance with section 608.408(3), F.S., the expensities of perjury that the facts stated herein are	secution of this document constitutes an affirm true. I am aware that any false information	ation under the n submitted in a	1	

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Elizabeth Campos

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.

The name of the Limited Liability Company is: Aspiryon 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:	7
InCorp Services, Inc.	-
(Nume)	<u> </u>
17888 67th Court North Florida Street Address (P.O. Box NOT ACCEPTABLE)	Ĭ.
Loxahatchee FL 33470 City/State/Zip	
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. Statutes Statutes	

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

\$ 25.00

\$ 30.00

5.00

S U S A N

C O M B S

TEXAS COMPTROLLER of Public Accounts

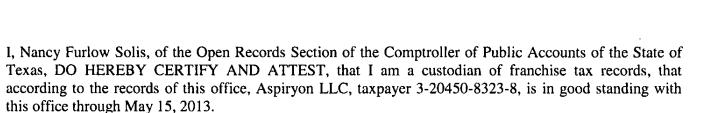
P.O. Box 13528 + Austin, TX 78711-3528

THE STATE OF TEXAS

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COUNTY OF TRAVIS

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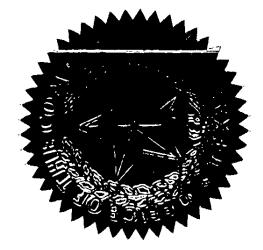
I FURTHER CERTIFY these records consist of official records or reports or entries therein, or documents authorized by law to be recorded or filed, and actually recorded or filed, in a public office, including data compilations, in any form, certified as correct by the custodian or other person authorized to make the certification.

IN TESTIMONY WHEREBY, I have hereunto signed my name officially and caused to be impressed on this 18th day of September 2012 A.D.

Nancy Furlow Solis, Custodian of Records

Open Records

Comptroller of Public Accounts



NFS:ljh