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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813)229-7600  
Fax Number : (813)229-1660

## LIMITED LIABILITY COMPANY

American Antibiotics, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION  
AMERICAN ANTIBIOTICS, LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is AMERICAN ANTIBIOTICS, LLC .

**ARTICLE II – Address:**

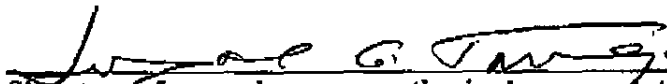
The street and mailing address of the principal office of the Limited Liability Company is:

6950 Bryan Dairy Road, Largo, Florida 33777

**ARTICLE III –Management:**

The Limited Liability Company is to be managed by a manager or managers.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 12th day of January, 2005.

  
\_\_\_\_\_  
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.)

\_\_\_\_\_  
Jugal K. Taneja  
Typed or printed name of signee

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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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 AMERICAN ANTIBIOTICS, LLC .
2. The name and the Florida street address of the registered agent are:

Jugal K. Taneja  
 6950 Bryan Dairy Road, Largo, Florida 33777

*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.*

  
 Signature

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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