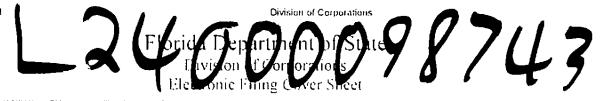
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To:



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

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To:	nicial action	
	Division of Co	
	rax number	: (850)617-6381
From:		
	Account Name	: VCORP SERVICES, LLC
	Account Number	12003000067
	Phone	: (845)425-0077
	Fax Number	: (845)818-3588
		,
*Enter	the email address	ss for this business entity to be used for future
20	oual report mail	ings. Enter only one email address please.**

FLORIDA LIMITED LIABILITY CO.

Alta Pharma Investments LLC

Certificate of Status	()
Certified Copy	0
Page Count	03
Estimated Charge	\$125,00

Flectronic Filing Menu — Corporate Filing Menu

Help

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liab	pility Company is:		
Alta Pharma Inve	strnents LLC		
(Must c	nd with the words "Limited	Liability Cor	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	et address of the principal o	ffice of the Li	mited Liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
9559 Collins Ave	nue, Apt 1009S		9559 Collins Avenue, Apt 1009S
Surfside, FL 331:			Surfside, FL 33154
another business entity with The name and the Florida str	_	l agent are:	
	Veolp Agent Service	Name	
	1200 South Pine Isla	nd Road	
	Florida street addres	s (P.O. Box <u>N</u>	OT acceptable)
	Plantation	FL	33324
	City	State	Zip
place designated in this certific further agree to comply with th	ate, I hereby accept the app e provisions of all statutes n	ointment as re elating to the j	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I agent as provided for in Chapter 605, F.S
	MS	~	Mimi Sanik
	Regist	ered Agent's	Signature (REQUIRED)
		(CONTIN	•
		Page La	νΩ

	Title:	Name and Address:	
2 5 2	"AMBR" = Authorized Member "MGR" = Manager		
	AMBR	Rochel Soffer	
		9559 Collins Avenue, Apt 1009S	
		Surfside, FL 33154	
	<u></u>		
			
•			
	(Use attachment if necessary)		
(If an ef	fective date is listed, the date must be sp of filling.)	e of filing: (OPTIONAL) sectific and cannot be more than five business days prior to or 90 day	s aRer
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