

**L040000016310**

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**LIMITED LIABILITY COMPANY**

**DiakPharmaceuticals LLC**

Certificate of Status	0
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FAX AUDIT #

H040000445193

**ARTICLES OF ORGANIZATION  
OF  
DiakPharmaceuticals LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: **DiakPharmaceuticals LLC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 4225 Fawn Meadows Circle, Clermont, Florida 34711.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Mamadou Diakite, 4225 Fawn Meadows Circle, Clermont, Florida 34711. Located in the County of Lake.

**ARTICLE IV DURATION**

The duration for the limited liability company shall be: 12/31/2044.


**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Mamadou Diakite, 4225 Fawn Meadows Circle, Clermont, Florida 34711

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AND  
FILED

  
Business Filings Incorporated, Organizer  
Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,  
Madison, WI 53717  
(608) 827-5300

FAX AUDIT #

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FAX AUDIT # 61040000445173CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,  
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE  
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN  
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE  
STATE OF FLORIDA.

The name of the limited liability company is: **DiakPharmaceuticals LLC**

The name and address of the registered agent and office is: Mamadou Diakite, 4225  
Fawn Meadows Circle, Clermont, Florida 34711. Located in the County of Lake .

Having been named as registered agent and to accept service of process for the above  
stated 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: M. Diakite

Mamadou Diakite

Date: February 25, 2004

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