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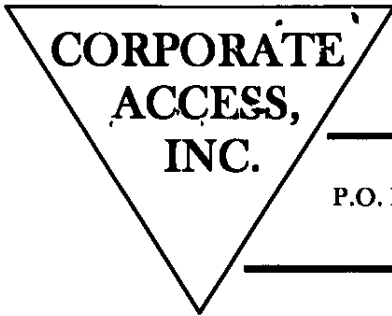
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1. E.A. Cefali Pharmaceutical Consulting, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**ARTICLES OF ORGANIZATION
OF
E.A. CEFALI PHARMACEUTICAL CONSULTING, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, desiring to form a Limited Liability Company pursuant to Florida Statutes Chapter 608 hereby state as follows:

ARTICLE I

Name

The name of this Limited Liability Company shall be E.A. CEFALI PHARMACEUTICAL CONSULTING, LLC.

ARTICLE II

Address

The mailing address and street address of the principal office of the Limited Liability Company is 320 NE 12th Avenue, Fort Lauderdale, Florida 33301.

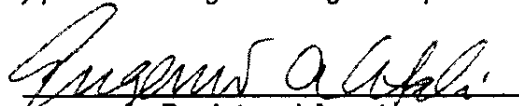
ARTICLE III

Registered Agent, Registered Office, and Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Eugenio A. Cefali
320 NE 12th Avenue
Fort Lauderdale, Florida 33301

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 certification, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision 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, F.S.



Registered Agent

Eugenio A. Cefali

Printed Name of Registered Agent

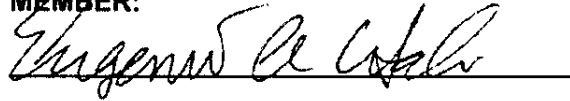
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ARTICLE IV

Management

The Limited Liability Company is to be managed by its members and is, therefore, a member-managed company.

MEMBER:

A handwritten signature in black ink, appearing to read "Eugenio A. Cefali", is written over a horizontal line.

Eugenio A. Cefali