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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 Phone : (800)494-3124 Fax Number : (561)455-9885

From:

FLORIDA/FOREIGN LIMITED LIABILITY CO.

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ALIANZA PHARMA, LLC

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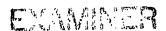
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AUG 2 5 2008



ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608 and/or 621,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

ALIANZA PHARMA, LLC

ARTICLE IX ADDRESS

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

16206 S.W. 70TH STREET PEMBROKE PINES, FLORIDA 33331

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

PAUL RAMIREZ 16206 S.W. 70TH STREET PEMBROKE PINES, FLORIDA 33331

Having been named as registered agent 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 508-25.

PAUL RAMIREZ// Registered Agent's signature

PAGE 2

ALIANZA PHARMA, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
PAUL RAMIREZ
16206 S.W. 70TH STREET
PEMBROKE PINES, FLORIDA 33331

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.

PAUL RAMIREZ