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To:
Division of Corporations
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Account Name : CSH SERVICES, LLC
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FLORIDA/FOREIGN LIMITED LIABILITY CO.**Equine Pharmaceutical LLC**

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EXAMINER

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**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:

EQUINE PHARMACEUTICAL LLC

ARTICLE II ADDRESS

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

843 SW 118 TERRACE
DAVIE, FLORIDA 33325

The mailing address of the Limited Liability Company is:

PO BOX 5806
FORT LAUDERDALE, FLORIDA 33310**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

ALAN FEIN
843 SW 118 TERRACE
DAVIE, FLORIDA 33325

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 608, F.S.

X


ALAN FEIN/ Registered Agent's signatureFILED
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PAGE 2

EQUINE PHARMACEUTICAL 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

ALAN FEIN

843 SW 118 TERRACE

DAVIE, FLORIDA 33325


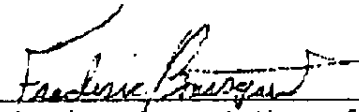
MANAGING MEMBER

FREDERIC BOUSQUET

6911 ENVIRON BLVD. #6H

LAUDERHILL FLORIDA 33319

.....

X  
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.

ALAN FEIN

FREDERIC BOUSQUET