Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

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.

(((H11000178747 3)))

H110001787473ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this p
Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : WHITE & CASE
Account Number : 075410002143
Phone : (305)371-2700
Fax Number : (305)358-5744

**Enter the email address for this business entity to be used for fugurannual report mailings. Enter only one email address please

Email Address: blobree @ the lobree Corp. Com

FLORIDA LIMITED LIABILITY CO.

ArdenX LLC

A. LUNT

JUL 13 2011

EXAMINER

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

1590097 -0004

Electronic Filing Menu

Corporate Filing Menu

Help

SEGRETARY OF STATE TALLAHASSEE. FLORIDA

ARTICLES OF ORGANIZATION

OF

ARDENX LLC

Pursuant to Section 608.407 of the Florida Statutes, the undersigned hereby files these Articles of Organization as follows:

ARTICLE I - NAME

The name of the Limited Liability Company is ARDENX LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 2121 Ponce De Leon Boulevard, Suite 720, Coral Gables, Florida 33134-5222.

ARTICLE III - INITIAL REGISTERED AGENT

The street address of the initial Registered Office of this Company in the State of Florida shall be 2121 Ponce De Leon Boulevard, Suite 720, Coral Gables, Florida 33134-5222. The name of the initial Registered Agent of this Company at the above address shall be H. Baird Lobree.

ARTICLE IV - DURATION

The period of duration for the Limited Liability Company is perpetual.

IN WITNESS WHEREOF, the undersigned authorized representative has hereunto set his hand and seal this 11th day of July, 2011.

Name: H. Baird Lobree

Title: Authorized Agent

CERTIFICATE DESIGNATING REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement in designating the registered office/registered agent:

ARDENX LLC, desiring to organize as a limited liability company under the laws of the State of Florida has designated 2121 Ponce De Leon Boulevard, Suite 720, Coral Gables, Florida 33134-5222 as registered office and named H. Baird Lobrec as the initial registered agent.

Ву: ________

H. Baird Lobree Authorized Agent

Having been named Registered Agent for the above stated limited liability company, at the designated Registered Office, the undersigned hereby accepts said appointment and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the obligations of the undersigned's position as registered agent as provided for in Section 608.415, Florida Statutes.

H. Baird Lobrec

Registered Agent