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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
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**FLORIDA LIMITED LIABILITY CO.
VIRTUS PHARMACEUTICALS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
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J. SAULSBERRY
EXAMINER

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**ARTICLES OF ORGANIZATION
VIRTUS PHARMACEUTICALS, LLC**

ARTICLE I – Name:

The name of the Limited Liability Company is VIRTUS PHARMACEUTICALS, LLC.

ARTICLE II – Address:

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

3507 Bayshore Boulevard
Tampa, FL 33629

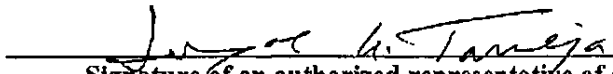
ARTICLE III – Managers:

The Limited Liability Company is to be managed by its managers.

ARTICLE IV – Indemnification:

The Limited Liability Company shall, to the full extent permitted by Section 608.4229 of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article IV shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the regulations of the limited liability company, by agreement or otherwise.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 19th day of July, 2011.


Signature of 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.)

Jugal Taneja
Typed or printed name of signee

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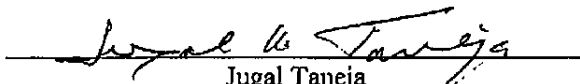
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **VIRTUS PHARMACEUTICALS, LLC.**
2. The name and the Florida street address of the registered agent are:

Jugal Taneja
3507 Bayshore Boulevard
Tampa, FL 33629

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 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.


Jugal Taneja
Registered Agent

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