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Fax Number

: (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (800)494-3124

: (561)455-9885 Fax Number

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FLORIDA LIMITED LIABILITY CO. ATTIX PHARMACEUTICALS LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

ATTIX PHARMACEUTICALS LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office office of the principal office office of the principal office of the principal office office office office of the principal office offic

37 N ORANGE AVENUE, STE 500 ORLANDO, FLORIDA 32801

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

SUPERBIZ REGISTERED AGENT, INC. 2761 VISTA PARKWAY, STE E4 WEST PALM BEACH, FLORIDA 33411

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.

SUPERBIZ REGISTERED AGENT, INC. / Registered Agent's signature

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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
DAVID LIU
120 CARLTON STREET, STE 408
TORONTO, ON M5A 4K2 CANADA

2011 AUG 17 AM 9: 25
SECRETARY OF STATE
ANALYSSEE, FLORIDA

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.

DAVID LIU