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To: Division of Corporations  
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From: Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

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

Email Address: liz@gentechpharma.com

**FLORIDA LIMITED LIABILITY CO.**  
**Lexium Pharmaceutical LLC**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION  
OF  
Lexium Pharmaceutical LLC**

**ARTICLE I            NAME**

The name of the limited liability company is: Lexium Pharmaceutical LLC

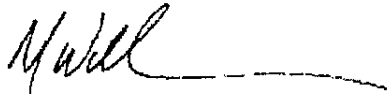
**ARTICLE II            ADDRESS**

The principal place of business and mailing address of this Limited Liability Company shall be:  
1591 Hayley Lane Ste 203, Fort Myers, Florida 33907.

**ARTICLE III            INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the registered agent are: Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

*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 as provided for in Chapter 605, F.S.*



Signature: \_\_\_\_\_  
Mark Williams, A.V.P. Business Filings Incorporated

Date: May 7, 2014

**ARTICLE IV            MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the managing members and the name and address of the member of the Limited Liability Company is:

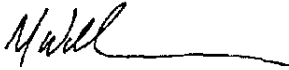
Mary Lirette, 1591 Hayley Lane Ste 203, Fort Myers, Florida 33907

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**ARTICLE V      DURATION**

The duration for the limited liability company shall be: Perpetual.



Date: May 7, 2014

*(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)*

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

608-827-5300

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