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Office Use Only



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LEGRETARY OF STATE ALLAHASSEE, FLORIDA

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May 24, 2016

Secretary of State, Florida 2661 Executive Circle Center Tallahassee FL 32301

Re:

Order #: 10023213 SO

Customer Reference 1: None Given

Customer Reference 2: None Given

Dear Secretary of State, Florida:

Please obtain the following:

SlyPharma LLC (FL)

Formation

Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
SlyPharma LLC	
(Must end with the words "Limited Liability	y Company, "L.L,C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of t	he Limited Liability Company Is:
Principal Office Address:	Malling Address:
50 Middle Road	50 Middle Road
Palm Beach, Florida 33480	Palm Beach, Florida 33480
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent a	re:
Joseph M. Pizza	
Name	
50 Middle Road	

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..

Florida street address (P.O. Box NOT acceptable)

Florida

State

33480

Zip

By: ェ

Palm Beach

City

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

16 MAY 24 PM 4: 55

AMBR Joseph M. Pizza  Joseph M. Pizza  50 Middle Road  Polm Beach, Florida 33480  Use attachment if necessary)  E.V.: Effective date, if other than the date of filing:  citive date is listed, the dare must be specific and cannot be more than five business days prior to or 9 foling.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will nearl's effective date on the Department of State's records.  E.V.: Other provisions, if any.  Signature of a member for all authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes 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.  Joseph M. Pizza  Typed or printed name of signee  Filing Fees;  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$ 30.00 Certified Copy (Optional)	Title:		Name and Address:	
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