



Office of the Secretary of State

CERTIFICATE OF FILING OF

Senderra RX Partners, LLC
File Number: 801157522

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 08/14/2009

Effective: 08/14/2009



A handwritten signature in black ink, appearing to read "Hope Andrade".

Hope Andrade
Secretary of State

Form 205
(Revised 01/06)

Return in duplicate to:
 Secretary of State
 P.O. Box 13697
 Austin, TX 78711-3697
 512 463-5555
 FAX: 512 463-5709
 Filing Fee: \$300



Certificate of Formation
Limited Liability Company

This space reserved for office use.

FILED
 In the Office of the
 Secretary of State of Texas

AUG 14 2009

Corporations Section**Article 1 - Entity Name and Type**

The filing entity being formed is a limited liability company. The name of the entity is:

Senderra RX Partners, LLC

The name must contain the words "limited liability company," "limited company," or an abbreviation of one of these phrases.

Article 2 - Registered Agent and Registered Office

(Select and complete either A or B and complete (b) below.)

☐ A. The initial registered agent is an organization (cannot be entity named above) by the name of:

OR

☒ B. The initial registered agent is an individual resident of the state whose name is set forth below:

William	J	Howard	
First Name	M.I.	Last Name	Suffix

C. The business address of the registered agent and the registered office address is:

3838 Oak Lawn Ave., Suite 650	Dallas	TX	75219
Street Address	City	State	Zip Code

Article 3 - Governing Authority

(Select and complete either A or B and provide the name and address of each governing person.)

☒ A. The limited liability company will have managers. The name and address of each initial manager are set forth below.

☐ B. The limited liability company will not have managers. The company will be governed by its members, and the name and address of each initial member are set forth below.

NAME OF GOVERNING PERSON (For the name of each person, please provide first, middle, and last name.)**IF INDIVIDUAL**

William	J	Howard	
First Name	M.I.	Last Name	Suffix

OR

IF ORGANIZATION

Organization Name

ADDRESS OF GOVERNING PERSON

3838 Oak Lawn Avenue, Suite 650	Dallas	TX	USA	75219
Street or Mailing Address	City	State	Country	Zip Code

NAME OF GOVERNING PERSON (Name of person, corporation, partnership, etc.)				
IF INDIVIDUAL				
Winston	R	Purfoy		
First Name	M.I.	Last Name	Suffix	
OR				
IF ORGANIZATION				
Organization Name				
ADDRESS OF GOVERNING PERSON				
3838 Oak Lawn Avenue, Suite 650	Dallas	TX	USA	75214
Street or Mailing Address	City	State	Country	Zip Code

NAME OF GOVERNING PERSON (Name of person, corporation, partnership, etc.)				
IF INDIVIDUAL				
First Name	M.I.	Last Name	Suffix	
OR				
IF ORGANIZATION				
Organization Name				
ADDRESS OF GOVERNING PERSON				
Street or Mailing Address	City	State	Country	Zip Code

Article 4 - Purpose

The purpose for which the company is formed is for the transaction of any and all lawful purposes for which a limited liability company may be organized under the Texas Business Organizations Code.

Supplemental Provisions Information

Text Area: [The attached addendum, if any, is incorporated herein by reference.]

Organizer

The name and address of the organizer:

William J. Howard

Name

3838 Oak Lawn Avenue, Suite 650DallasTX 75219

Street or Mailing Address

City

State Zip Code

Effectiveness of Filing (Sections A, B, or C)

- A. ☒ This document becomes effective when the document is filed by the secretary of state.
- B. ☐ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C. ☐ This document takes effect upon the occurrence of the future event or fact, other than the passage of time. The 90th day after the date of signing is: _____

The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: August 11, 2009
Signature of organizer