

L03000038351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

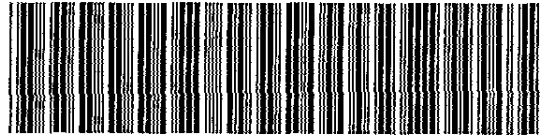
(Business Entity Name)

(Document Number)

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CONNECTION, INC.

et, Suite 1 • Tallahassee, Florida 32301
1-800-342-8062 • Fax (850) 222-1222

Canada Discount Drugs
of The Treasure Coast LLC

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- _____ Art of Inc. File
- _____ LTD Partnership File
- _____ Foreign Corp. File
- L.C. File
- _____ Fictitious Name File
- _____ Trade/Service Mark
- _____ Merger File
- _____ Art. of Amend. File
- _____ RA Resignation
- _____ Dissolution / Withdrawal
- _____ Annual Report / Reinstatement
- _____ Cert. Copy
- _____ Photo Copy
- _____ Certificate of Good Standing
- _____ Certificate of Status
- _____ Certificate of Fictitious Name
- _____ Corp Record Search
- _____ Officer Search
- _____ Fictitious Search
- _____ Fictitious Owner Search
- _____ Vehicle Search
- _____ Driving Record
- _____ UCC 1 or 3 File
- _____ UCC 11 Search
- _____ UCC 11 Retrieval
- _____ Courier

Signature _____

Requested by: JW

 10/8

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

**ARTICLES OF ORGANIZATION
OF
DISCOUNT DRUGS OF THE TREASURE COAST, LLC**

for the purpose of forming a limited liability company under the Florida
any Act, F.S. Chapter 608, hereby makes, acknowledges, and irrevocably files the
organization.

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ARTICLE I - NAME

limited liability company shall be CANADA DISCOUNT DRUGS OF
ST, LLC ("company").

ARTICLE II - ADDRESS

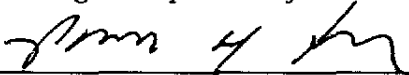
ess of the company 1989 South Federal Highway, Suite 204, Stuart, Florida

s of the principal office of the company is 1989 South Federal Highway,
34994.

REGISTERED AGENT, OFFICE AND AGENT'S SIGNATURE

orida street address of the registered agent of the Company are Philip H.
s of Philip H. Forbes, PL, 11382 Prosperity Farms Road, Suite 227, Palm
33410.

*ed as registered agent and to accept service of process for the above stated
at the place designated in this certificate, I hereby accept the appointment
agree to act in this capacity. I further agree to comply with the provisions of
e proper and complete performance of my duties, and I am familiar with
f my position as registered agent as provided for in Chapter 608, F.S.*


Philip H. Forbes, Esq.

CANADA

The undersigned
Limited Liability Com.
following Articles of O

The name of the
THE TREASURE COA

The mailing add
34994.

The street addre
Suite 204, Stuart, Florid

ARTICLE III -

The name and F
Forbes, Esq., Law Offic
Beach Gardens, Florida

*Having been nan
limited liability company
as registered agent and
all statutes relating to ti
and accept obligations c*

ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each Manager or Managing Member is as follows:

Ena Gotkin - MGRM 1989 South Federal Highway, Suite 204,
Stuart, Florida 34994

Carl Moritz - MGRM 1989 South Federal Highway, Suite 204,
Stuart, Florida 34994

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STATE OF FLORIDA
INTERNAL SECURITY

IN WITNESS WHEREOF, the undersigned member or authorized representative has made and subscribed these articles of organization at Palm Beach Gardens, Florida, on October 7, 2003.





Carl Moritz

(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.)

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

Sworn to and subscribed before me this 7th day of October, 2003 by Carl Moritz, who is
 personally known to me OR produced identification.
Type of identification produced: FL DL

 Barbara Jean Forbes
Commission # DD117000
Expires June 21, 2006
Bonded Thru
Atlantic Bonding Co., Inc.



Notary Public -- State of Florida