Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name : PARCORP SERVICES, LTD.

Account Number: 119990000011
Phone: (800)603-2533
Fax Number: (800)398-0461

03 JAN 29 AM 11: 25

LIMITED LIABILITY COMPANY

CANADAS DISCOUNT DRUGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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1/28/03 4:00

Fax Audit No. (((H03000035257 2 STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF CANADAS DISCOUNT DRUGS LLC

Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is:

CANADAS DISCOUNT DRUGS LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Lizbility Company is:

5733 BITTERSWEET DRIVE, HOLIDAY, FL 34690

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

DAVID TRUMP Name **5733 BITTERSWEET DRIVE** Florida street address (P.O. Box NOT ACCEPTABLE) HÖLIDAY, FL 34690

City. State and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability com 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 12.608F.S.,

ARTICLE IV - Management (Check Box if Applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

Signature of a member or 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 betein are true.)

DAVID L. SURINA

Typed or Printed name of signee

Preparer Info:

Parcorp Services, Ltd. / David L. Surina 931 W. 75th Street, Stc. 137-317, Naperville, IL 60565 / (800) 603-2533 Fax Audit No. (((H03000035257 2

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Fax Audit No. (((H 03000035257 2)))

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

CANADAS DISCOUNT DRUGS LLC

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

DAVID TRUMP Name	
Florida street address (P.O. Box NOT ACCEPTABLE)	
HOLIDAY, FL 34690	
City Chate and Co.	

Having been named as registered agent and to accept service of process for the above stated limited process for the above stated limited probability company at the place designated in this certificate. I hereby accept the appointment are registered agent and agree to act in this capacity. I further agree to comply with the provings 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.

Registered Agent DAVID TRUMP

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