

L08000051767

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON  
JUN - 3 2008  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DISCOUNT RX ENTERPRISES, LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUSAN R. MCMASTER

(Name of Person)

JAFFE RAITT

(Firm/Company)

27777 FRANKLIN ROAD, SUITE 2500,

(Address)

SOUTHFELD, MICHIGAN 48034-8214

(City/State and Zip Code)

For further information concerning this matter, please call:

SUSAN R. MCMASTER

(Name of Person)

at ( 248 ) 351-3082

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
DISCOUNT RX ENTERPRISES, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

ARTICLE V IMPROPERLY STATES THAT THE MANAGER OF THE LLC IS CRAWFORD FLORIDA

LLC. THE MANAGER/MEMBER SHOULD BE LISTED AS CRAWFORD FAMILY LIMITED

PARTNERSHIP.

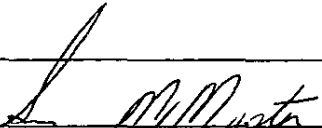
**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: MAY 29

, 2008

  
Signature of a member or authorized representative of a member

Susan R. McMaster, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FLORIDA

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L08000051767  
FILED 8:00 AM  
May 23, 2008  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:  
DISCOUNT RX ENTERPRISES, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
999 VANDERBILT BEACH ROAD  
SUITE 610  
NAPLES, FL. 34108

The mailing address of the Limited Liability Company is:  
999 VANDERBILT BEACH ROAD  
SUITE 610  
NAPLES, FL. 34108

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
RICHARD CRAWFORD  
999 VANDERBILT BEACH ROAD  
SUITE 610  
NAPLES, FL. 34108

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.

Registered Agent Signature: RICHARD CRAWFORD

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TALLAHASSEE, FLORIDA

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
CRAWFORD FLORIDA LLC  
999 VANDERBILT BEACH ROAD, SUITE 610  
NAPLES, FL. 34108

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### **Article VI**

The effective date for this Limited Liability Company shall be:

05/23/2008

Signature of member or an authorized representative of a member

Signature: SUSAN R. MCMASTER

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TALLAHASSEE, FLORIDA