LUS000107112	
(Requestor's Name) (Address)	
(Address) (City/State/Zip/Phone #)	400137658764
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	RECEIVED 08 HOV 18 PH 4: 52 DIVISION OF COMPUTATION
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CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

CONTACT: <u>RICKY SOTO</u>

DATE: <u>11/18/2008</u>

REF. #: RA2155.95652

CORP. NAME: DECO DISCOUNT & DRUGS, LLC

- ( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT
- ( ) ANNUAL REPORT
- ( ) FOREIGN QUALIFICATION
- ( ) REINSTATEMENT
- ( ) CERTIFICATE OF CANCELLATION
- ( ) OTHER:

JBION 18 AM 8:1

- ( ) ARTICLES OF DISSOLUTION
- ( ) FICTITIOUS NAME
- (XX) LIMITED LIABILITY
- ( ) WITHDRAWAL

STATE FEES PREPAID WITH CHECK# <u>578347</u> FOR \$ 155.00

() MERGER

# AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$\_\_\_\_\_

## PLEASE RETURN:

(XX) CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING ( ) PLAIN STAMPED COPY

( ) TRADEMARK/SERVICE MARK

( ) LIMITED PARTNERSHIP

( ) CERTIFICATE OF STATUS

Examiner's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

7.

The name of the Limited Liability Company is:

Must end with the words "Limited Liability Corboany.

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is!

**Principal Office Address:** 

**Mailing Address:** 

14110 Minu

1411 Washington 1-1 Dinki BEACA I.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ierct Agents, 515 EAST PARK AVENUE Florida street address (P.O. Box NOT acceptable) TAllahassee, FL 32301 City, State, and Zip

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 608, F.S.

Ricky Soto, Asst. Secretary Registered Agent's Signature (REQUIRED)

(CONTINUED) Page1 of 2

### ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u>

7 . . .

"MGR" = Manager "MGRM" = Managing Member

### Name and Address:

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

### **REQUIRED** SIGNATURE:

Signature of a member or an 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 fasts stated herein are true.)

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)

\$ 5.00 Certificate of Status (Optional)

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