

L100000 7766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special instructions to Filing Officer:

Office Use Only



300181462143

Dm# 06524-G

← 06/21/10--01048--013 **130.00

07/23/10--01017--002 **145.00

/ Repl. check.

10 JUL 23 PM 3:51

S. HAWKES

JUN 22 2010

EXAMINER

1112-27801



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2010

DEADRA THORNTON-WRIGHT
115 HICKORY ST SUITE 101
WEST MELBOURNE, FL 32904

SUBJECT: BLUE SKY DISCOUNT PHARMACY
Ref. Number: W10000029801

We have received your document for BLUE SKY DISCOUNT PHARMACY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 210A00015354

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Blue Sky Discount Pharmacy
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Deadra Thornton-Wright

Name of Person

Blue Sky Discount Pharmacy

Firm/Company

115 Hickory St. Suite #101

Address

West Melbourne, FL 32904

City/State and Zip Code

BlueSkyDiscPharmacy@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deadra Thornton-Wright

Name of Person

at (321) 610-7422

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

Mailing Address

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

Street/Courier Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blue Sky Discount Pharmacy LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

115 Hickory St. Suite#101

West Melbourne, FL 32904

Mailing Address:

115 Hickory St. Suite#101

West Melbourne, FL 32904

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:

Deadra Thornton-Wright

Name

318 Arapahoe LN

Florida street address (P.O. Box NOT acceptable)

Palm Bay

FL 32907

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.

Deadra Thornton-Wright
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRDeadra Thornton-Wright
318 Arapahoe Ln
Palm Bay, FL 32909

(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:Deadra Thornton-Wright

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 facts stated herein are true.)

Deadra Thornton-Wright

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)