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COVER LETTER

10.	Division of Corporations
CUDIE	Rite Aid Mississippi, LLC
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	John P. Martin
	Name of Person
	John P. Martin, P.A.
	Firm/Company
	401 S. Lincoln Ave.
	Address
	Clearwater, Florida 33756
	City/State and Zip Code alix516@gmail.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	John P. Martin 727 467-9470
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additional copy is encl
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Rite Aid Mississipp			a Long aron
(Must end	with the words "Limited	Liability Company,	"L.L.C.," or "L.L.C.")
E II - Address:			
ng address and street	address of the principal o	ffice of the Limited I.	iability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
1009 Osprey Court		1009 (Osprey Court
Tarpon Springs, Flo	mide 24600		
E III - Registered Aş ted Liability Compan	gent, Registered Office,	& Registered Agent Registered Agent. Yo	n Springs, Florida 34689 S Signature: ou must designate an individual or
E III - Registered Ag ted Liability Compan usiness entity with an	gent, Registered Office, y cannot serve as its own	& Registered Agent Registered Agent. You	's Signature:
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E III - Registered Ag ted Liability Compan usiness entity with an	gent, Registered Office, y cannot serve as its own active Florida registratio address of the registered	& Registered Agent Registered Agent. You	's Signature:
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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 605, F.S..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = A	authorized Meml	ber	Name and Address:			
"MGR" = Ma Mgr	~		Mihalitsa Alexander 1009 Osprey Court Tarpon Springs, Florida 34689			
(Use attachm	ent if necessary)					
CLE V: Effective effective date is ate of filing.) If the date inser	listed, the date r	must be specific an	: (OP) d cannot be more than five business days applicable statutory filing requirements, th	s prior to	o or 90	
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-