## M1400000 4156

(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:
WM-23084

Office Use Only



200260040002

05/13/14--01018--002 \*\*125.00

14 JUN 13 PH L: 35

T. BURNOUN 18 ....

#### **COVER LETTER**

TO: Registration Section

Division of Corporations
SUBJECT: RITE AID MISSISSIPPI, LLC  Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
MIHALITSA ALEXANDER Name of Person
RITE AID MISSISSIPPI, LLC. Firm/Company
1009 OSPREY COURT
TARPON SPRINGS, FL., 34689 City/State and Zip Code
alix 516 a gmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MIHALITSA ALEXANDER at (127) 238-4780  Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\frac{1}{2}\$\$125.00 Filing Fee  \Bigsig \$



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2014

MIHALITSA ALEXANDER 1009 OSPREY COURT TARPON SPRINGS, FL 34689

SUBJECT: RITE AID MISSISSIPPI, LLC

Ref. Number: W14000032084

We have received your document for RITE AID MISSISSIPPI, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 014A00011019

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. RITE AID MISSISSIPPI 2 LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limit Liability Company," "L.L.C," or "LLC.")	ited
2. STATE OF DELAWARE  (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)	Tradition &
4. UPON PEGISTRATION  (Date first transacted business in Florida, if prior to registration.)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 1180 GULF BOULEVARD, SUITE # 1503, 35 5 CLEARWATER, FL., 33767 (Street Address of Principal Office)	Ando says.
6. 1009 OSPREY COURT, TARPON SPRINGS, FL., 34686	1
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
MIHALITSA ALEXANDER - VICE PRESIDENT, SECRETA	RU.
TREASURGE	
1009 OSPREY COURT, TARPON SPRINGS, FL., 34689	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the office having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the transmust be submitted)	
While alexand	
Signature of an authorized person  (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herei	in are true.

MIHALITSA ALEXANDER
Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:			
RITE AID MISSISSIPPI, LLC.			
If unavailable, the alternate to be used in the state of Florida is:			
RITE AID MISSISSIPPI-FLOPIDA, LLC.	Er.		
2. The name and the Florida street address of the registered agent and office are:		JUN 13	Secretarian
MIHALITSA ALEXANDER	187 JF ST	PH	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	TATE	35	¥4.52°
TARPON SPRINGS FL 34689	-		

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, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RITE AID MISSISSIPPI, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF MAY, A.D. 2014.

TA JUN 13 PH L: 35

4122322 8300

140743364

AUTHENTICATION: 1407528

DATE: 05-29-14

You may verify this certificate online at corp.delaware.gov/authver.shtml