

CT CORPORATION

L02000020994

CORPORATION(S) NAME

68th Miami CVS, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 AUG 16 PM 1:48

FILED

- | | | |
|--|---|---|
| ☐ Profit | ☐ Amendment | ☐ Merger |
| ☐ Nonprofit | ☐ Dissolution/Withdrawal | ☐ Mark |
| ☐ Foreign | ☐ Reinstatement | ☐ Other |
| ☐ Limited Partnership | ☐ Annual Report | ☐ Change of RA |
| ☒ LLC | ☐ Name Registration | ☐ UCC |
| ☐ Certified Copy | ☐ Fictitious Name | ☐ CUS |
| ☐ Photocopies | | |
| ☐ Call When Ready | ☐ Call If Problem | ☐ After 4:30 |
| ☒ Walk In | ☐ Will Wait | ☒ Pick Up |
| ☐ Mail Out | | |

DIVISION OF CORPORATION

02 AUG 16 AM 11:25

RECEIVED

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

8/16/02

Order#: 5542312

L02-20994
TC

Ref#: _____

Amount: \$ _____

CB

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

100007167601--8
-08/16/02--01042--020
****125.00 ****125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

68th Miami CVS, L.L.C.

ARTICLE II - Address:

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

One CVS Drive, Woonsocket RI 02895

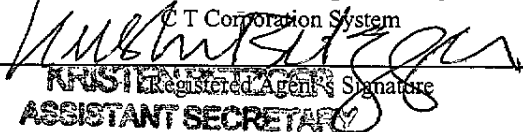
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

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

C T Corporation System
Name
c/o CT Corporation System, 1200 South Pine Island Road
Florida street address (P.O. Box **NOT** acceptable)
Plantation FL 33324
City, State, and Zip

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TALLAHASSEE, FLORIDA

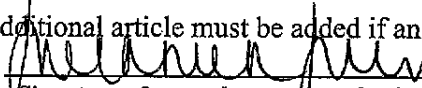
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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..

C T Corporation System

KRISTIN B. BICKEL
Registered Agent's Signature
ASSISTANT SECRETARY

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


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.)

Melanie K. Luker, Authorized Representative
Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)