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CORPORATION(S) NAME	02 AUS TALLA	
CVS 5854 FL, L.L.C.		
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() Profit	() Amendment	() Merger
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(X) Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark () Other () Change of RA () UCC
() Limited Partnership	() Annual Report	() Other
(X)LLC	() Name Registration	() Change of RA
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(x) Walk In	() Will Wait	(x) Pick Up
() Mail Out		
Name	8/20/02	Order#: 5542094
Availability		
Document	AAM	
Examiner		Ref#:
Updater		
Verifier		
W.P. Verifier		Amount: \$

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 700007220777--5 -08/20/02--01041--008 ****125.00 ****125.00

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	CVS 5854 FL, L.L.C.
	(Name of foreign limited liability company)
(.	Jurisdiction under the law of which foreign limited liability ompany is organized) 3. Applic 2 Fac (FEI number, if applicable)
	August 14, 2002 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
	Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
	One CVS Drive, Woonsocket RI 02895
	(Street address of principal office)
	If limited liability company is a manager-managed company, check here
•	The usual business addresses of the managing members or managers are as follows:
	One CVS Drive, Woonsocket RI 02895
j	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records urisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)
	Nature of business or purposes to be conducted or promoted in Florida: Real estate acquisition
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., 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

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, 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:	

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

C T Corporation S	System	7 SEC 22
	(Name)	AUG 20 ORETAF LAHAS
c/o C T Corporation	SE THE	
Flo	rida street address (P.O. Box NOT ACCEPTABLE)	D OF STAT E, FLOR
Plantation	FL 33324	一 京市 つ
	City/State/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.

C T Corporation System

C T Corporation System

(Signature)

ASSISTANT SECRETARY

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

CVS 5854 FL, L.I.C.

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CVS 5854 FL, L.L.C." 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 FIFTEENTH DAY OF AUGUST, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

PILED

02 AUG 20 PH 2: 02

SECRETARY OF STATE
ASSESSED FLORIDA



Warriet Smith Windson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 1939033

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DATE: 08-15-02