

CT CORPORATION SYSTEM

CORPORATION(S) NAME

**LD1000 007936**

(1) 8th Street CVS, LLC

(2) ~~Curry Ford CVS, LLC~~

(3) ~~MLK Tampa CVS, LLC~~

500004271015--7  
-05/18/01--01071--001  
\*\*\*\*\*100.00 \*\*\*\*\*100.00

500004271015--7  
-05/18/01--01071--002  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

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

01 MAY 18 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVE  
AND  
FILED

RECEIVED  
STATE  
MAY 18 2001  
TO AGENCY  
SUFFICIENCY

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

5/18/01  
**WAT-113609**

Order#: 4390606  
Ref#: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

*[Handwritten Signature]*

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



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 18, 2001

CT CORPORATION SYSTEM

SUBJECT: 8TH STREET CVS, L.L.C.  
Ref. Number: W01000011369

We have received your document for 8TH STREET CVS, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

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) 487-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 801A00030522

APPROVED  
AND  
FILED  
01 MAY 18 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# 3315

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

8th Street 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, Legal Department, 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:

<u>CT Corporation System</u>	
Name	
<u>c/o CT Corporation System, 1200 South Pine Island Road</u>	
Florida street address (P.O. Box <b>NOT</b> acceptable)	
<u>Plantation</u>	<u>FL 33324</u>
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.*

CT Corporation System

*Connie Bryan*

**CONNIE BRYAN**

**SPECIAL ASSISTANT SECRETARY**

Registered Agent's Signature

## 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)

*Melanie K. Luker*  
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

01 MAY 18 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
APPROVED  
AND  
FILED

### 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)