

CT CORPORATION SYSTEM

CORPORATION(S) NAME

**L0100 D018079**

(1) CVS 2875 Tampa LLC

(2) CVS 3755 St. Petersburg LLC

(3) CVS 4083 Largo LLC

(4) CVS 3492 Orlando, LLC

(5) CVS 2904 Orlando LLC

(6) CVS 4785 Palm Beach LLC

( ) Profit

( ) Nonprofit

( ) Foreign

( ) Limited Partnership

**LLC**

( ) Certified Copy

( ) Call When Ready

(x) 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

(x) Pick Up

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

01 OCT 19 PM 4:05

RECEIVED

Name

10/19/01

Availability

Document

Examiner

Updater

Verifier

W.P. Verifier

Order#: 4858492

**400004645974--5**

-10/19/01--01042--022

Ref#:

\*\*\*\*125.00 \*\*\*\*125.00

Amount: \$

**10-19-01**

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

CVS 3492 Orlando, L.L.C.

## ARTICLE II - Address:

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

4208 Douglas Boulevard, Suite 300, Granite Bay, CA 95746

## 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

*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..*

*[Signature]*  
C T Corporation System  
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)

*[Signature]*  
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.)

API Properties 601 LLC (Member)  
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)

01 OCT 19 PM 4:05  
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FALL ACHASSET, FL (0000)