

CT CORPORATION SYSTEM

CORPORATION(S) NAME

**L010000019500**

(1) Holiday CVS, L.L.C.

(2) Miami 8th CVS, L.L.C.

(3) Miami 147th CVS, L.L.C.

(4) 49th Hialeah CVS, L.L.C.

(5) Merritt Island CVS, L.L.C.

(6) Oak Ridge Orlando CVS, L.L.C.

(7) Orange Winter Park CVS, L.L.C.

☐ Profit

☐ Amendment

☐ Merger

☐ Nonprofit

☐ Dissolution/Withdrawal

☐ Mark

☐ Foreign

☐ Reinstatement

☐ Limited Partnership

☐ Annual Report

☐ Other

☒ LLC

☐ Name Registration

☐ Change of RA

☐ Fictitious Name

☐ UCC

☐ Certified Copy

☐ Photocopies

☐ CUS

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

11/13/01

Order#: 4908566

Availability

Document

Examiner

Updater

Verifier

W.P. Verifier

900004675719--2

-11/13/01--01009--003

Ref#:

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

Amount: \$

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*Handwritten signature*

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

01 NOV 13 AM 10:54

APPROVED  
AND  
FILED

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

49th Hialeah 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 Dept. 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

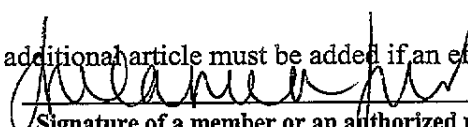
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all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

  
PATRICIA A. CANARIO,  
**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 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.  
CVS Meridian, Inc. (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, Assistant Secretary  
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 NOV 13 11:10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED