

L030000001295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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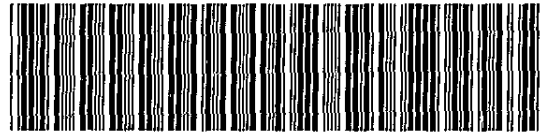
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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03 JAN 13 AM 10:50  
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TALLAHASSEE, FLORIDA

1303



ACCOUNT NO. : 072100000032

REFERENCE : 888398 4390339

AUTHORIZATION

*Patricia Pizut*

COST LIMIT : \$ 125.00

ORDER DATE : January 13, 2003

ORDER TIME : 9:06 AM

ORDER NO. : 888398-050

CUSTOMER NO: 4390339

CUSTOMER: Ms. Susan Lester  
Caremark Rx, Inc.

3000 Galleria Tower  
Suite 1000  
Birmingham, AL 35244

DOMESTIC FILING

NAME: CAREMARK TAMPA PHARMACY, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore - EXT. 1147

EXAMINER'S INITIALS: \_\_\_\_\_

03 JAN 13 PM 1:48  
FILING OFFICE  
TAMPA FLORIDA

AND  
FILE

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Caremark Tampa Pharmacy, LLC

**ARTICLE II - Address:**

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

3000 Galleria Tower, Suite 1000, Birmingham, AL 35244

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

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

Corporation Service Company  
 \_\_\_\_\_  
 Name

1201 Hays Street  
 \_\_\_\_\_  
 Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301  
 \_\_\_\_\_  
 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.*

Corporation Service Company  
 BY: Deborah D. Skipper Deborah D. Skipper  
 Registered Agent's Signature Asst. V. Pres.

10/19/13 PM 1:48  
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 DEPARTMENT OF REVENUE

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

FOR CAREMARK PHARMACY, LLC  
Irene Graves  
 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.)

Irene Graves  
 \_\_\_\_\_  
 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)