

L04000027330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

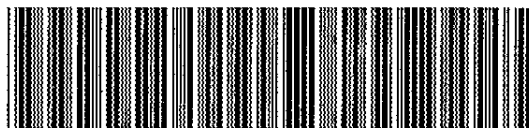
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
& BUSINESSES

L04-27330  
QX

**CT Corporation System**

660 E. Jefferson St., Tallahassee, FL, 32301

850-222-1092

CORPORATION(S) NAME

CVS EGL Leesburg FL, L.L.C.

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

04 APR -9 AM 11:00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDAName \_\_\_\_\_  
Availability \_\_\_\_\_  
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Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_**FILE FIRST**

Order#: 6058312

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CVS EGL Leesburg FL, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

One CVS Drive

Woonsocket, RI 02895

**Mailing Address:**

One CVS Drive

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

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** acceptable)

Plantation

FLORIDA 33324

City, State, and Zip

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*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, Florida Statutes..*

C T Corporation System

By: Kristen Betzger

Registered Agent's Signature

**KRISTEN BETZGER**  
**REGISTERED AGENT SECRETARY**

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

CVS Pharmacy, Inc.

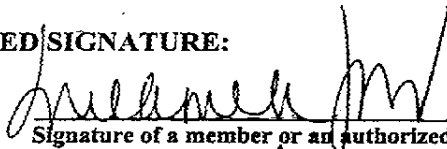
One CVS Drive

Woonsocket, RI 02895

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED 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.)

Melanie K Luker

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)

04 APR -9 AM 11:00

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REGISTRAR