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Ci Corporation System	660 E. Jelierson St., Talianassee,	FL, 32301 850-222-108	92
CORPORATION(S) NAME			
CVS EGL State Altamonte FL, L.L.C.			
PANIS AND			
			
() Profit () Nonprofit	() Amendment	() Merger	O4 APR
	() Dissolution/Withdrawal () Reinstatement	() Mark	FIAR MASS
() Limited Partnership	() Annual Report	() Other	E OF
WILC	() Name Registration	() Change of RA	
	() Fictitious Name	() UCC	37
() Certified Copy	() Photocopies	() CUS	Dr.
() Call When Ready	() Call If Problem	() After 4:30	
(x) Walk In	() Will Wait	(x) Pick Up	
() Mail Out	· · · · · · · · · · · · · · · · · · ·		
Name		Order#: 6058298	
Availability		3.33	
Document	FILE FIRST		
Examiner		Ref#:	
Updater	•		
Verifier			
W.P. Verifier		Amount: \$	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CVS EGL State Altamon	nte FL, L.L.C.				• ·
ARTICLE II - Add The mailing address	ress: and street address of t	he principal of	fice of the Limited L	iability Compan	y is:
Principal Office Ad	ldress:	<u></u>	Mailing Address:		٠
One CVS Drive, Woonso	ocket, RI 02895	(One CVS Drive, Woonso	ocket, RI 02895	
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		-	· · · · · · · · · · · · · · · · · · ·		-
AKTICUE III - Reg					
			Registered Agent'	's Signature:	
	orida street address of			's Signature:	
	orida street address of	the registered a		's Signature:	
	orida street address of	the registered a		's Signature:	0
	orida street address of	the registered a		's Signature:	1 70
	orida street address of	the registered a	agent are:	's Signature: SECIRE	D4 APR
	orida street address of	the registered and proporation System Name	agent are:	SECRETAR TALLAHASS	04 4PR-5
	orida street address of CTCo	the registered and proporation System Name	agent are:	SE CRETARY (TALL AHASSEE	9
The name and the Flo	orida street address of CTCo	the registered appropriation System Name orth Pine Island Rosess (P.O. Box NOT	agent are:	SECRETARY OF TALL AHASSEE, "T	. ,
The name and the Flo	orida street address of CTCo 1200 Sou Florida street address	the registered appropriation System Name orth Pine Island Rosess (P.O. Box NOT	agent are: ad acceptable)	SECRETARY OF SHALLAHASSEE, TLC	9
The name and the Flo	Orida street address of CTCo 1200 Sou Florida street address Plantation City, S	the registered appropriation System Name ath Pine Island Roses (P.O. Box NOT FLOR	ad acceptable)	SECRETARY OF STAIL AHASSEE, TLO H	-9 AM 10: 53
The name and the Floor - - - - - - - - - - - - -	CTCo 1200 Sou Florida street address Plantation City, Seered agent and to accept	orporation System Name oth Pine Island Roses (P.O. Box NOT FLOR State, and Zip oth service of pro-	ad acceptable) IDA 33324 cess for the above sta	SECRETARY OF SIMILARASSEE, FLC Allabil atted limited liabil	-9 AM 10: 52
The name and the Floring The name and the F	CTCo 1200 Sou Florida street address Plantation City, Served agent and to accepted in this certificate, if	the registered appropriation System Name or Pine Island Rose ss (P.O. Box NOT FLORE State, and Zip of service of profit hereby accept is	ad acceptable) UDA 33324 cess for the above stathe appointment as re	SECRETARY OF SHALL AHASSEE, TLC Williams at the distribution of th	-9 AM 10: 52
The name and the Flo	CTCo 1200 Sou Florida street address Plantation City, Served agent and to acceptated in this certificate, if further agree to compile	the registered appropriation System Name of Pine Island Roses (P.O. Box NOT FLOR State, and Zip of service of provident service of provident service of provident with the provident service of provident service service of provident service service of provident service ser	ad acceptable) IDA 33324 cess for the above stathe appointment as resions of all statutes re	SECRETARY OF SHAPE And A SSEEL THE ANALYSE AND A SSEEL THE ANALYSE AND A SECRETARY OF SHAPE AND	-9 M 10: 52 md per
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Page 1 of 2 (CONTINUED)

The name and address of each Manage	er or Managing Member is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	<u> </u>
MGRM	CVS Pharmacy, Inc.	
<u> </u>	One CVS Drive	
	Woonsocket, RI 02895	
		<u> </u>
•		
•		<u> </u>
(Use attachment if necessary)		04 APR SECRE
		AFF. F
•		FILE -9 JARY
NOTE: An additional article must l	be added if an effective date is requested.	# F F F F F F F F F F F F F F F F F F F
REQUIRED SIGNATURE:) /	70 70 5
Milanel	suthorized representative of a member.	(1) 12 · · · ·
(In accordance with section 60 of this document constitutes at that the facts stated herein are	08.408(3), Florida Statutes, the execution affirmation under the penalties of perjury true.)	
Melania K	LUKOR	

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

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)