

W4000027382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

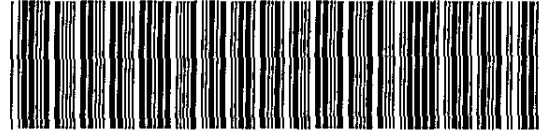
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

4/9

FLIC

Office Use Only



600032258066

04/12/04

04/12/04--01016--003 **1250.00

04/12/04 PM 2:27

CT Corporation System

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

850-222-1092

CORPORATION(S) NAME

CVS EGL Federal Delray Beach FL, L.L.C.

Profit

Amendment

Merger

Nonprofit

Dissolution/Withdrawal

Mark

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 _____

Order#: 6058274

Availability _____

Document _____

FILE FIRST

Examiner _____

Ref#: _____

Updater _____

Verifier _____

W.P. Verifier _____

Amount: \$ _____

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

CVS EGL Federal Delray Beach 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

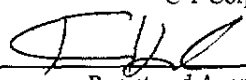
City, State, and Zip

04 APR - 9 PM 2:27

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
THATCHER

By:



SPECIAL ASSISTANT SECRETARY

Registered Agent's Signature

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:

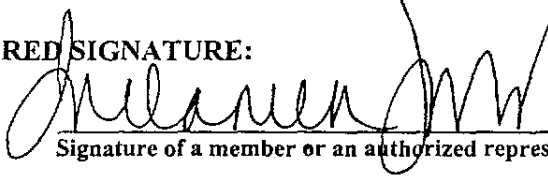
MGRM

CVS Vanguard, 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)