

LO4000027579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

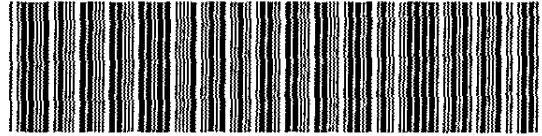
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/12/04--01024--003 **1250.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR - 9 PM 12: 06

CT Corporation System

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

850-222-1092

CORPORATION(S) NAME

CVS EGL North Lauderdale FL, L.L.C.

Profit Amendment Merger
 Nonprofit

Limited Partnership Dissolution/Withdrawal Mark
 Reinstatement

Annual Report Other
 LLC Name Registration Change of RA

Fictitious Name UCC
 Certified Copy Photocopies CUS

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Verifier _____
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Amount: \$ _____

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

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DIVISION OF CORPORATIONS
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ARTICLE I - Name:

The name of the Limited Liability Company is:

CVS EGL North Lauderdale 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

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:



Registered Agent's Signature

**TRACI HOUCK
SPECIAL ASSISTANT SECRETARY**

Page 1 of 2
(CONTINUED)

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.

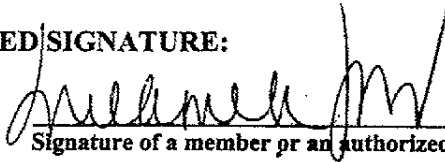
One CVS Drive

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)