

**L04000027601**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

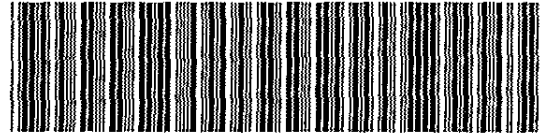
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 APR -9 PM 12: 14

**CT Corporation System**

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

850-222-1092

CORPORATION(S) NAME

CVS EGL Tulip 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#: 605836450

Availability \_\_\_\_\_

Document \_\_\_\_\_

Examiner \_\_\_\_\_

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

Updater \_\_\_\_\_

**File First Please!**

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 APR -9 PM 12:15

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CVS EGL Tulip 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**

**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.

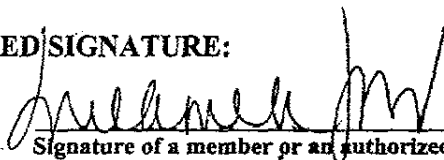
One CVS Drive

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)