

W4000027751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

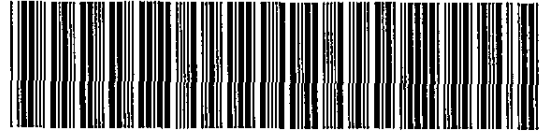
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

4/9

FL LC

Office Use Only



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04/12/04--01001--023 \*\*1125.00

FILED

04 APR -9 PM 2:22

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**CT Corporation System**

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

850-222-1092

CORPORATION(S) NAME

CVS EGL Hwy 19 North 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 UpName \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_**FILE FIRST**

Order#: 6057395

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

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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CVS EGL Hwy 19 North 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..*

By: Kristen Betzger  
C T Corporation System  
Registered Agent's Signature  
**KRISTEN BETZGER**  
**ASSISTANT SECRETARY**

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TALLAHASSEE FLORIDA

**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 RX Services, Inc.

One CVS Drive

Woonsocket, RI 02895

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

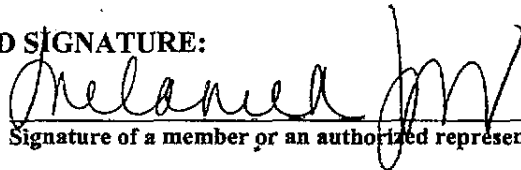
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(Use attachment if necessary)

**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)