

L040000037886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

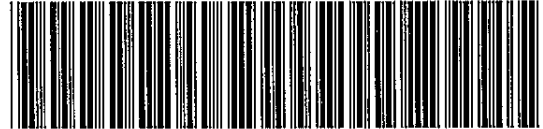
(Document Number)

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

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04 MAY 19 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FL 32307

RECEIVED

04 MAY 19 PM 12:08

DATE  
FILED  
TALLAHASSEE, FL 32307

JB  
5-19-04

CT Corp

May 19, 2004

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 6104483 SO  
Customer Reference 1:  
Customer Reference 2:

CT  
CORP

Dear Secretary of State, Florida:

Please file the attached:

~~Large ProCare Pharmacy, Inc. (FL)~~  
~~Incorporation~~  
~~Florida~~

CVS EGL, L.L.C. (FL)  
Formation  
Florida

~~CVS Health Initiatives, Inc. (FL)~~  
~~Reformation~~  
~~Florida~~

~~PharmaCare Specialty Pharmacy, Inc. (FL)~~  
~~Assumed Name - Filing - PharmaCare Specialty Pharmacy~~  
Florida

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell  
Fulfillment Specialist  
Ashley\_Mitchell@cch-lis.com

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04 MAY 19 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CVS EGL, 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)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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.

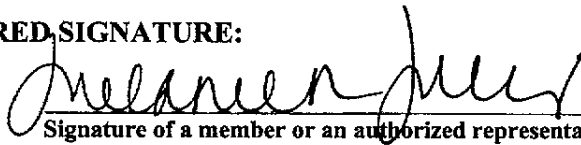
One CVS Drive

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.)

Melanne K. Luker Auth Rep.

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)

AND  
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TALLAHASSEE, FLORIDA