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FOREIGN LIMITED LIABILITY COMPANY

CVS 3271 FL, L.L.C.

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J. BRYAN OCT 2 1 2004

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

COMPLIANCE WITH SECTION 60336, PLORE ITTED LIABILITY COMPANY TO TRANSACT BUS	IDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREI SINESS IN THE STATE OF FLORIDA:
CVS 3271 FL, L.L.C.	The second second
(Nam	ne of foreign limited liability company)
Delaware	3
Jurisdiction under the law of which foreign limit company is organized)	incof foreign limited liability company)  ted liability  (FEI number, if applicable)  5. perpetual  (Duranon: Year limited liability company will cease to exist or "perpetual")
10/8/2004	5. perpetual
(Date of Organization)	(Duranon: Year limited Hability company will cease to exist or "perpetual")
	Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
One CVS Drive	
Woonsocket RI 02895	
(S	Street address of principal office)
If limited liability company is a manager	er-managed company, check here
	• • • •
The usual business addresses of the man	naging members or managers are as follows:
One CVS Drive	-
Woonsocket RI 02895	
Attached is an original certificate of existence, nor	more than 90 days old, duly authenticated by the official having custody of record
jurisdiction under the law of which it is organized.	(A photocopy is not acceptable. If the certificate is in a foreign language, a
relation of the certificate under eath of the translator	(must be submitted)
. Nature of business or purposes to be co	onducted or promoted in Florida:
real estate acquisition A	/
Ven estate acquisition	T
Miller	WWY I VI
Signature of a member	er or an authorized representative of a member.
an affirmation under the per	608.408(3), F.S., the execution of this document constitutes malics of perjury that the facts stated herein are true.)
	tant Secretary of CVS Pharmacy, Inc.
	or printed name of signee

1. The name of the Limited Liability Company is:

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

CVS 3271 FL, L.L.C.		
2. The name and the	Florida street address of the registered a	agent and office are:
	C T Corporation System	1
- <del></del>	(Name)	EE TOO
	1200 South Pine Island Ro	oud Series
,	Florida Street Address (P.O. Box NO)	[ACCEPTABLE]
	Plantation FL	33324
	City/State/Zip	
liability company at the agent and agree to act	registered agent and to accept service of place designated in this certificate, I he in this capacity. I further agree to comp nd complete performance of my duties, a	ereby accept the appointment as registered by with the provisions of all statutes

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

KROSTEM BETZGER ABOUSTAMY SECRETARY



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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CVS 3271 FL, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF OCTOBER, A.D. 2004.





3865411 8300 040729520 Varriet Smith Hinden Harriot Smith Windsor, Secretary of State

AUTHENTICATION: 3401378

DATE: 10-08-04