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Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 : (850)222-1092 Phone : (850)878-5926 Fax Number

IDA/FOREIGN LIMI CVS 75346 FL	, L.L.C.	
Certificate of Status	0	
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8/22/2006

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

CVS 75346 FL, L.L.C			-
	(Name of Foreign Limited L	Liability Company)	
Delaware	3	3.	
(Jurusdiction under the company is organized)	law of which foreign limited liability	(FEI number, if applicable)	_
8/11/06		5 perpetual	_
(Date of	f Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	2006
	(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	orida, if prior to registration.) to determine penalty liability)	DIVISION OF CO 2006 AUG 22
One CVS Drive, Lega	al Department Woonsocket RJ 02895		_~ <u>~</u>
			2 <b>2</b> 2
	(Street Address	of Principal Office)	9: <b>  L</b>
If limited liability company is a manager-managed company, check here			
The name and usu	al business addresses of the man	aging members or managers are as follows:	
CVS Pharmacy, Inc.	. (Member)		
One CVS Drive, Wo	consocket RI 02895		
stody of records in the in a foreign langua	e jurisdiction under the law of which	than 90 days old, duly authenticated by the official havin it is organized. (A photocopy is not acceptable. If the under eath of the translator must be submitted.)	
real estate acquisition	1		_
	Mulanu	UM	<b>-</b> -
		thorized representative of a mamber. S., the execution of this document constitutes my that the facts stated herein are true.)	
	Melanie K. Luker Asst. Secretary of C	-	
	Typed or printed	name of signee	

PLANT - MISSOS C T System Culina

## 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.

1.	The name of the Limited Manuary Company is:	
C	VS 75346 FL, L.L.C.	
2.	The name and the Florida street address of the registered agent and office are:	SECRETA DIVISION OF 2006 AUG
	C T Corporation System	<b>6</b>
	(Name)	22
	1200 South Pine Island Road	A RPOR
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Tr	41 :6
	Plantation, Florida 33324	
	Cha/Crara/Tim	

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: Wild Signature Statem

Kristen Betzger, Assistant Secretary

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

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CI CORP

## Delaware

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## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CVS 75346 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 FOURTEENTH DAY OF AUGUST, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF STATE ON STATE OF CORPORATIONS

**4204234** 8300 060756089

Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 4970578

DATE: 08-14-06

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