Mu8000240680

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000240359 3)))

H12000240359ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
12 OCT -2 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
12 OCT -2 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
SCP 2011-C37-003 LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

Please file 1st

B. KOHR
OCT - 3 2012
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
12 OCT -2 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # M08000000680

1. Limited Liability Company's Name
SCR 2011-C37-003 LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
One CVS Drive	
Suite, Apt. #, etc. legal Dept.	Suite, Apt. #, etc.
City & State: Woonsocket, RI	City & State
Zip: 02895 Country: USA	Zip Country

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 02/08/2008

6. FEI Number: 261904739 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ ($5.00 Additional Fee is required for a Certificate of Status)

8. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City: PLANTATION FL | State: FL | Zip Code: 33324

E-mail Address: mkluker@cvscaremark.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Lauren Kreutz
REGISTERED AGENT MUST SIGN

Lauren H. Kreutz
Special Assistant Secretary
Date: 10/2/12

10. Name and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City, State, Zip
MGRM	CVS Pharmacy, Inc.	One CVS Drive	Woonsocket, RI 02895

REINSTATEMENT 2012

11. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.508, F.S., and that all taxes owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of Managing Member/Manager: [signature] Date: 10.2.12 Daytime Phone #: 401 770 3565

Typed or printed name of the Managing Member/Manager

FLR10 - 01/03/2011 CT System Online