Division of Corporations Public Access System

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.

(((H08000147779 3)))



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

To:

Division of Corporations

Fax Number

: (850)617-6383

JUN 1 0 2008 EXAMINER

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5926



ORIDA/FOREIGN LIMITED LIABILITY CO.

CVS 2747 FL, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

- 李

Electronic Filing Menu

Corporate Filing Menu

Help

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:

OUC 3747 EL 1 I	VALVIA IO MANDROI BURIN	ۍ ديو ۱۱ <i>۱۱ دو</i>	MAID OF PLONELIA.		
1. CVS 2747 FL, L.L. (Name of Fore		must includ	e "Limited Linbility Company," "L.L.C.,"	or "LLC,")	
	ers or managing members adopt		of transacting business in Plorida and are tate name. The alternate name must include		
2. Delaware		3.	In process		
(Jurisdiction under company is organiz	the law of which foreign limited		(FEI number, if applicable	e)	
45/30/08_		5.	Perpetual		
(Dat	of Organization)		(Duration; Year limited liability compa exist or "perpetual")	iny will cease to	
6	(Date first transacted bus	iness in Flori	da, if prior to registration.)		•
One CVS Drive, \	(See sections 508,501 & 60 Voonsocket, RI 02895)8.502 F.S. ti	o determine penalty liability)		
					
	(Stre	t Address of	Principal Office)		
R If limited liabili	ty company is a manager-	managed o	ompany check here		
	•			. 11	,
		the manag	ging members or managers are as for	onows:	
CVS Phermacy, I	nc., Sole Member				
One CVS Drive				<u> </u>	
Woonsocket, RI (2895				
he jurisdiction under th		hotocopy i	ys old, duly ambenticated by the official haves not acceptable, If the certificate is in a for ned.)		
 Nature of busi 	ness or purposes to be con-	ducted or p	promoted in Florida:		
Real estate acquisi	tion			· · · · · · · · · · · · · · · · · · ·	
FLU17 + 06/24/2U47 ⊂ T Sysset	(In accordance with spotion 60 an affirmation under the penal Melance K. Luker Typed o	8.408(3), F.S. Ides of perjury	orized representative of a member, the execution of this document constitutes that the facts stated herein are true.) Sec. of Sole Member, CVS hame of signee	CAH	

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 Liability Comp	any is:		
CVS 2747 FL, L.L.C.			
If name unavailable, the alternate name to b	e used in the state	e of Florida is:	
2. The name and the Florida street address	of the registered z	gent and office are:	
Ст	Corporation System		
· ·	(Name)		
1200 \$	South Pine Island Ro	ad ·	
Florida Street Add	ress (P.O. Box NOT	ACCEPTABLE)	
Plantation	FI,	33324	
	City/State/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.

CT Corporation System

Kristen Betzger

Vice President

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

BECRETARY OF STATE

Delaware

PACK

The First State

I, BARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CVS 2747 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 SEOW, AS OF THE THIRD DAY OF JONE, A.D. 2008.

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

4554551 8300

080658328

You may verify this certificate onlin at corp. delaware. gov/authvor. shtml Warnet Smith Windson, Sacretary of State.

NTICATION: 6633054

DATE: 06-03-08