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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CVS 75766 FL, L.L.C.

RECEIVED

18 AUG -8 PM 1: 29
SECHETARY OF STATE
ALLAHASSEE, FLORIDA

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D. BRUCE

AUG 11 2008

**EXAMINER** 

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## 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 BY INVESS, IN THE STATE OF BY ORIDA.

ĽM	ED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
<sub>1.</sub> c	'S 75766 FL, L.L.C.		
••-	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")		
COILS	ne unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writt at of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability any," "L.L.C.," "LLC.")	er	
2 D	aware 3.		
()(	isdiction under the law of which foreign limited liability (FEI number, if applicable)		
4.	7/29/08 5. Perperual		
–	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")		
6			
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	Į,	
7. <u>-</u>	te CVS Drive, Woonsocket, RI 02895		
	<u> </u>	5-R	
-	(Street Address of Principal Office)	1	
	The state of the s		
8. II	limited liability company is a manager-managed company, check here	447	
2. The name and usual business addresses of the managing members or managers are as follows:			
	VS Pharmacy, Inc., Sole Member		
(	ne CVS Drive, Woonsocket, RJ 02895		
-			
	ached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records i adiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	U	
ransl	ion of the certificate under each of the translator must be submitted.)		
<b></b>	ature of business or purposes to be conducted or promoted in Florida:		
R	al estate acquisition		
	neland		
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes		
	an affirmation under the penalties of perfury that the facts stated herein are true.)  Melanic K. Luker, Assistant Secretary of Sole Member		
	Typed or printed name of signee		

## 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 Company is:			
CV\$ 75766 FL, L.L.C.			
If name unavailable, the alternate name to be used in the state of Florida	is:		
2. The name and the Florida street address of the registered agent and o	ffice are:		
C T Corporation System			
(Name)	10 -8 -8 -8 -8 -8 -8 -8 -8 -8 -8 -8 -8 -8		
1200 South Pine Island Road	( )		
Florida Street Address (P.O. Box NOT ACCEPTABLE	E)		
PL	STATE LORIDA		
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.

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)

## Delaware

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## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CVS 75766 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 SIXTH DAY OF AUGUST, A.D. 2008.

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

OB AUG -B AM B: LL

**4**581391 8300

080852694

You may verify this pertificate unline at corp. delaware.gov/authver.shtml

Warnet Smile Mindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6777219

DATE: 08-06-08