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FLORIDA/FOREIGN LIMITED LIABILITY CO.

CVS 5122 FL, L.L.C.

SECRETARY 1:51
SECRETARY STATE
ALLAHASSEE, FLORIDA

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10/14/2008

2008 OCT 14 AM 10: 54

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO EE, FLORIDA 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 5122 FL, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") Upon registration (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penulty liability) One CVS Drive, Woonsocket, RI 02895 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: CVS Pharmacy, Inc., Sole Member One CVS Drive, Woonsocket, RJ 02895 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Real estate acquisition 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 penulties of parjury that the facts stated herein are true.) Melanie K. Luker, Assistant Secretary of Sole Member

Typed or printed name of signee

FILED 2000 OCT 14 AM 10: 54

CERTIFICATE OF DESIGNATION OF ALL ARASSEE, FLORIDA 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 5122 FL, L.L.C.				
If name unavailable, the alternate name to be used in the state of Florida is:				
2. The name and th	e Florida street address	of the registered a	gent and office are:	
	cı	Corporation System		
		(Name)		_
		South Pine Island Roa		
	Florida Surem Add	iress (P.O. Box <u>NOT</u>	ACCEPTABLE)	
	Plantation	FL	33324	
-		City/State/Zip		
liability company at agent and agree to a relating to the prope obligations of my posters. By:	as registered agent and the place designated in the city in this capacity. I furth and complete performastition as registered agent. Copyright of street agent.	his certificate, I her her agree to compl ince of my duties, a	reby accept the appoin ly with the provisions o nd I am familiar with t	tment as registered of all statutes and accept the
Vice Pres	IIO O. 1-	Marie Marie Carlo	. No. of .	
	\$ 100.00 \$ 25.00	Designation of	Registered Agent	
	\$ 30.00			

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Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CVS 5122 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 THIRTEENTH DAY OF OCTOBER, A.D. 2008.

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

4608937 8300

081032578

Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 6907523

DATE: 10-13-08