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.

(((H09000202217 3)))



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

To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

### FLORIDA/FOREIGN LIMITED LIABILITY CO.

CVS 4639 FL, L.L.C.

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

C. LEWIS SEP 172009 **EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

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

CVS (Name of For	4639 eign Limited Liabi	lity Company; must include	"Limited Liability Company," "L.L.C.," o	ur "LLC.")
•				
	ers or managing m		of transacting business in Florida and attacte name. The alternate name must include	
	Delaware	3		
(Jurisdiction under company is organi	the law of which i	foreign limited liability	(FEI number, if applicable)	
8/19	12009	5	Perpetual (Duration: Year limited liability company	
/ (Da	to of Organization	)	(Duration: Year limited liability company exist or "perpetual")	y will cease to
Upon registration		The state of the s		<del></del> -
	(See sections	transacted business in Florid s 608.501 & 608.502 F.S. to	a, it prior to registration.) determine penalty liability)	
One CV\$ Drive			· · · · · · · · · · · · · · · · · · ·	
Woonsocket	RI	02895		
If limited liabi	lity company is	(Street Address of I a manager-managed co	· <u> </u>	lows:
If limited liabi	lity company is	(Street Address of I a manager-managed co	mpany, check here	lows:
If limited liabi	lity company is	(Street Address of I a manager-managed co addresses of the manage	mpany, check here	lows:
If limited liabi	lity company is	(Street Address of I a manager-managed co addresses of the manage	mpany, check here	lows:
If limited liabi	lity company is	(Street Address of I a manager-managed co addresses of the manage	mpany, check here	lows:
If limited liabi The name and CVS Pharmacy, Attached is an original	lity company is usual business a lnc. One CVS Driversial certificate of experience of	(Street Address of I a manager-managed co- addresses of the manage ve, Woonsocket, R1 02895	mpany, check here  ng members or managers are as fol	ng custody of records i
If limited liabi The name and CVS Pharmacy,  Attached is an original statement of the state	lity company is usual business a line. One CVS Driver consider the law of which it is	(Street Address of I a manager-managed co- addresses of the manage ve, Woonsocket, R1 02895	mpany, check here  ng members or managers are as fol  solt, duly authenticated by the official havin not acceptable. If the certificate is in a foreign	ng custody of records i
If limited liabi The name and CVS Pharmacy,  Attached is an originisdiction under	lity company is usual business a Inc. One CVS Drive control of the law of which it is ficate under eath of the	(Street Address of I a manager-managed co addresses of the managi ve, Woonsocket, R1 02895 vistence, no more than 90 days is organized. (A phonoopy is the translator must be submitte	mpany, check here  ng members or managers are as fol  sold, duly authenticated by the official havin not acceptable. If the certificate is in a forcised.)	की goodrafe's
If limited liabi The name and CVS Pharmacy,  Attached is an originisdiction under	lity company is usual business a Inc. One CVS Drive control of the law of which it is ficate under eath of the	(Street Address of I a manager-managed co addresses of the managi ve, Woonsocket, R1 02895 vistence, no more than 90 days is organized. (A phonoopy is	mpany, check here  ng members or managers are as fol  sold, duly authenticated by the official havin not acceptable. If the certificate is in a forcised.)	की goodrafe's
If limited liabi The name and CVS Pharmacy,  Attached is an original solution of the certification of the certification.	lity company is usual business a Inc. One CVS Drive control of the law of which it is ficate under eath of the	(Street Address of I a manager-managed co addresses of the managi ve, Woonsocket, R1 02895 vistence, no more than 90 days is organized. (A phonoopy is the translator must be submitte	mpany, check here  ng members or managers are as fol  sold, duly authenticated by the official havin not acceptable. If the certificate is in a forcised.)	की goodrafe's
If limited liabi The name and CVS Pharmacy,  Attached is an original solution of the certification of the certification.	lity company is usual business a lnc. One CVS Driver of the law of which it is ficate under oath of the law or purpose	(Street Address of It a manager-managed co- addresses of the manage ve, Woonsocket, R1 02895  vistence, no more than 90 days is organized. (A photocopy is the translator must be submitted es to be conducted or pr	mpany, check here  ng members or managers are as following members or managers are as following members of managers are as following authenticated by the official baving not acceptable. If the certificate is in a foreigned.)  comoted in Florida: Real cutate a	की goodrafe's
If limited liabi The name and CVS Pharmacy,  Attached is an originisdiction under islation of the certification.	lity company is usual business a Inc. One CVS Driver of the law of which it is ficate under eath of the law of purpose the law of purpose (In apportance (In apportance description)	(Street Address of I a manager-managed co- addresses of the manage ve, Woonsocket, RI 02895 visione, no more than 90 days is organized. (A phonoopy is the translator must be submitted es to be conducted or pro- of a member or an author	mpany, check here  ng members or managers are as folgonia members or managers are as folgonia members of managers are as folgonia member.  The execution of this document constitutes	ng custody of records i yn language, a equisition
If limited liabi The name and CVS Pharmacy,  Attached is an original solution of the certification of the certification.	lity company is usual business a Inc. One CVS Driver of the law of which it is ficate under eath of the law of purpose the law of purpose (In apportance (In apportance description)	(Street Address of I a manager-managed co- addresses of the manage ve, Woonsocket, RI 02895 visione, no more than 90 days is organized. (A phonoopy is the translator must be submitted es to be conducted or pro- of a member or an author	mpany, check here  ng members or managers are as folgod, duly authenticated by the official having not acceptable. If the certificate is in a foreigned.)  comoted in Florida: Real cutate a constitute at the execution of this document constitutes that the facts stated herein are true.)	की goodrafe's

# FILED

2009 SEP 16 AM 8: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

### 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 na	me of the Lir	nited Liability	Company	y is:				
	CVS	4639	FL	2.2.	Ć.			
If unavails	able, the alter	mate to be used	in the st	ate of Flo	orida is:			
2. The na	me and the F	lorida street ad	ldress of t	the regist	ered age	nt and office ar	re:	
			Ç T Ćo	rporation S	System			
(Name)								
1200 South Pine Island Road								
Florida Street Address (P.O. Box NOT ACCEPTABLE)								
		Plantation	1	FL,	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.

(Signature)

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)

By:

# Delaware

777CF '

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CVS 4639 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2009.

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

4722013 8300

090857287

You may verify this certificate online of outp. delaware. only duther. Shimi

ieffrey W. Bullock. Secretary of State

THENTECHTION. 1321313

DATE: 09-15-09