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.

(((H10000050405 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

: (650)617-6380

MAR - 5. 2010

From:

Account Name

: C T CORPORATION SYSTEM EXAMINER
: FCAD000000023 Account Number : FCA000000023

Phone Fax Number : (850)222-1092

: (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. \*\*

## Foreign Limited Liability Company CVS 4458 FL, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

### COVER LETTER

	rision of Corporations		
SUBJECT	. CVS	4458 FL. L.LC.	
JUDULUI	•	(Name of Limited Liability Company)	
Florida," Co liability cor	ertificate of Existence, and appears to transact busin	eign Limited Liability Company for Authorization to Transact Busi and check are submitted to register the above referenced foreign liness in Florida  concerning this matter to the following:	iness in nited
	Olga Hinkel		
		(Name of Person)	
	CT Corporation		
	——————————————————————————————————————	(Firm/Company)	
	155 Federal Street, Suite	700	
		(Address)	
	Boston, MA 02110		
		(City/State and Zip Code)	
or further i	nformation concerning	this matter, please call:	
Olga	Hinkel	at (617 ) 531-5822	
	(Name of Per	son) (Area Code & Daytime Telephone Number)	
	LING ADDRESS:	STREET ADDRESS:	
	sion of Corporations Box 6327	Division of Corporations Clifton Building	
	hassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
<b>∏\$</b> 12	a check for the followin 15,00 Filing Fee \$130 \$130 \$22,2307 CT System United	g amount: .00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certific Certificate of Status Certified Copy of Status & Sta	MAR -4 AM 9: 1
		DE A	9

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

IN COMPLIANCE WITH SECTION 602503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COM	PANY TO TRANSACT BUSINESS IN THE S	TATE OF FLORIDA:	
1. CVS (Name of Foreign	4458 FL, L.C. Limited Liability Company; must include	s "Limited Liability Company," "L.L.C.," o	"LLC")
consent of the managers o Company," "L.L.C.," "LL	r managing members adopting the altern	of transacting business in Florida and attection name. The alternate name must include	h a copy of the written "Limited Liubility
Delaware	3	27 - 1539903	
(Jurisdiction under the l company is organized)	_	(FEI number, if applicable)	1
$1. \frac{ \lambda  17/2}{(\text{Date of})}$	009 5	Perpetual	•
(Date of	Organization)	(Duration: Year limited liability company exist or "perpetual")	will cease to
Upon registration			_
,	(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) determine penalty liability)	
One CVS Drive, Wood			<del></del>
·			
	(Street Address of	Principal Office)	
"If limited liability /	company is a manager-managed co	omnany, check here	
. The name and usus	al business addresses of the manag	ing members or managers are as fol	iows:
CVS Pharmacy, Inc.,	Sole Member		
One CVS Drive, Woo	nsocket, RI 02895		<u> </u>
ejurisdiction under the law anslation of the certificate	w of which it is organized. (A photocopy is under eath of the translator must be submit		g custody of records in principage, a
1. Nature of business	s or purposes to be conducted or p	romoted in Florids:	
Real estate acquisition	· · · · · · · · · · · · · · · · · · ·		· ·
	Signature of a member own author (In accordance with section 608.403(3), F.S., an affirmation under the penalties of perjury Melanie K. Luker, Assistant Secretary of Typed or printed no	that the feets stated herein are true.) Sole Member	10 MAR -4 AM SECRETARY OF TALLAHASSEE.
#L017 - 06/28/2007 C T \$yelem Claim	••	•	F ST

# 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 Lin	aited Liability Co	mpany is:		
CVS	4485 F.	L, L.L.C.		
If name unavailable, the	alternate name ț	o be used in the stat	e of Florida is:	
2. The name and the Fl	orida street addre	ss of the registered	agent and office are:	
·	•	C T Corporation System	i.	
<u> </u>		(Name)	,	<del></del>
	120	00 South Pins Island Ro	ed	
	Florida Street A	Address (P.O. Box NO)	(ACCEPTABLE)	<u> </u>
	Plantation	FL	33324	
		City/State/Zip		<del></del>
Having been named as reliability company at the pagent and agree to act in relating to the proper and obligations of my position CT Corp By:  Kristen Betzgel Vice President	lace designated in this capacity. If the complete perform as registered agreement of the complete perform System (Capacitical System)	n this certificate, I he urther agree to comp nance of my duties, a ent as provided for in	reby accept the appoli ly with the provisions and I am familiar with a Chapter 608, Florida	ntment as registered of all statutes and accept the
	\$ 100.0 \$ 25.0		Application Registered Agent	
	\$ 30.0			
	\$ 5.0	0 Certificate of S	tatus (optional)	

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CVS 4458 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 THIRD DAY OF MARCH, A.D. 2010.

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

4788463 8300

100242839

You may varify this certificate online

AUTHENTICATION: 7846717

DATE: 03-03-10