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10 m 20 1	AMMTAGQ.			

### Foreign Limited Liability Company CVS 932 FL, L.L.C.

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

EXAMINER

#### **COVER LETTER**

JECT: _	CVS 932 FL, 1		N1. 87 ( ), h 1 ( ) ( )	
			Name of Limited Liability Company	
nclosed ' ence, and	Application by check are sub	y Foreign Limited mitted to register (	Liability Company for Authorization to Transact Business in Florida," C the above referenced foreign limited liability company to transact business	Certificat es in Plo
a return a	ll corresponde	ince concerning thi	is matter to the following:	
	Olga Hinke	al .		
			Name of Person	
	CT Corpora	ttion System		
			Firm/Company	
	155 Federal	Street, Suite 700		
			Address	
	Boston, MA	. 02110		
			City/State and Zip Code	
	mkluker@ov		·	
		E-mail addres	s: (to be used for future annual report notification)	
ther info	rmation conce	rning this matter, p	please call:	
Olga H			at ( 617 ) 531-5822  Area Code & Daytime Telephone Number	
	Nai	me of Person	Area Code & Daytime Telephone Number	
MAIL	ING ADDRES	SS:	STREET ADDRESS:	
Divisio	n of Corporati		Division of Corporations	
	ation Section		Registration Section	
	x 6327		Clifton Building	
ullana	asae, FL 3231-	4	2661 Executive Center Circle Tallahasses, FL 32301	

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA-

L	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
I.	CVS 932 FL, L.L.C.
	(Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	Fanno morali III. anta di managanta di Maria di
(11	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written usent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability"
C	ompany," "L.L.C," "LLC.")
	Delaware 3, 27-3044721
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
б.	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
	One CVS Drive
7.	One CV3 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.
	One CVS Drive
	Woonsocket, RI 02895
	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
	skation of the certificate under ceith of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida:
1	Real estate acquisition
•	Thelanus Juhin
	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 perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, P.S.)
	Melanic K. Luker, Assistant Secretary of Sole Member
	Typed or printed name of signer

## 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 Liabili	ity Company is:
CVS 932 FL, L.L.C.	
If unavailable, the alternate to be us	sed in the state of Florida is:
2. The name and the Florida street	address of the registered agent and office are;
C T Corporation System	n ·
<del> </del>	(Name)
1200 South Pine Island	Road
Florida S	Birect Address (P.O. Box NOT ACCEPTABLE)
Plentation	FI 33324
FIRMANON	LL comment

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.

y: CT Corporation System Public

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)



PAGE

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CVS 932 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 THIRTY-FIRST DAY OF MARCH, A.D. 2011.

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

4837096 8300

110366525

AUTHENTY CATION: 8663623

DATE: 03-31-11

You may worify this certificate online at corp. delaware. gov/authwor. shiml