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Foreign Limited Liability Company

CVS 976 FL, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	05
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A. LUNT

COVER LETTER

CT: CVS 976 F		Name of Limited Liability Company	
		• • •	
iclosed "Application	n by Foreign Limite	d Liability Company for Authorization to Transact Business in the above referenced foreign limited liability company to trans	Florida," Cer
			act ousiness
return all correspor	idence concerning.ti	his matter to the following:	
Olga Hir	ikel		
<u> </u>	V	Name of Person	
			∑≧
CT Corp	oration System		
		Firm/Company	á í
1S5 Fede	ral Street, Suite 700		:85
	<u>, , , , , , , , , , , , , , , , , , , </u>	Address	— P.S
•			교상
Boston, A	MA 02110		<u>8</u> 2
,		City/State and Zip Code	4
mkiuker@	evs.com		
	E-mail addre	ess: (to be used for future annual report notification)	
ther information co	cerning this matter,	please call:	
Olga Hinkel		.617 .531-5822	
	Name of Person	at (617) 531-5822 Area Code & Daytime Telephone Number	
		•	
MAILING ADDI Division of Corpo		STREET ADDRESS: Division of Corporations	
Registration Section		Registration Section	
		Clifton Building	
P.O. Box 6327			
	1314	2661 Executive Center Circle Tallabassec, FL 32301	

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA SIXTUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L	IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE .	STATE OF FLORIDA:		
1	CVS 976 FL, L.L.C.		•	
	(Name of Foreign Limited Liability Company; must include	le "Limited Liability Company," "L.L.C.," or "	LLC.")	-
CC	I name unavailable, enter alternate name adopted for the purposensent of the managers or managing members adopting the alternampany," "L.L.C.," "LLC.")	e of transacting business in Florida and attach a nate name. The alternate name must include "L	copy of the imited Liabi	_ writte lity
2.		27-3043193		
	(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)		
.4.	06/16/2010 5.	Perputual		
, , ,	(Date of Organization)	(Duration: Year limited liability company we exist or "perpetual")	Il cease to	2011
б.			<u>> :- : : : : : : : : : : : : : : : : : :</u>	APR
	(Dute first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	o determine penalty liability)	ASS	~ŏ
7.	One CVS Drive		<u>m</u> ≺	. —
	Woonsocket, RI 02895		元 。	X
	(Street Address of	Principal Office)	32	(45)
8.	If limited liability company is a manager-managed c	ompany, check here		© ∕>
9.	The name and usual business addresses of the manage	ging members or managers are as follow	vs:	
	CVS Pharmacy, Inc.			
	One CVS Drive			i
	Wodnsocket, RI 02895			
the:	Attached is an original certificate of existence, no more than 90 day jurisdiction under the law of which it is organized. (A photocopy is slation of the certificate under eath of the translator must be submit	s not acceptable. If the certificate is in a foreign a		ends in
11.	Nature of business or purposes to be conducted or p	romoted in Florida:		
	Real estate acquisition	,	·	,
	melaner	Jun		
	Signature of a member or an author	orized representative of a member.		
	(In accordance with section 608.408(3), F.S., the execution			
	penalties of perjury that the facts stated herein are true. I document to the Department of State constitutes a Melanje K. Luker, Assistant Secretary of	third degree felony as provided for in s.817.15:		
	Typed or printed no	. 		

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.

T.C		al to the character of Mills that the		•
it unavailable, tr	e alternate to be use	d in the state of Florida is:		
			7 <u>8</u>	
2. The name and	I the Florida street ac	ddress of the registered agent and office are:	LAPR II	- .,
C	SET -	7		
•	(Name)			Į.
	200 South Pine Island R		FLORE P	Ý,
-	最近 23			
	1 101144 011	eet Address (P.O. Box NOT ACCEPTABLE)	•	
	Plentation	PL 33324	•	
•	,	City/State/Zip		

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.

(Slynature)

Kristen Betzger Vice Preside.

Filing Fee for Application \$ 100.00 Designation of Registered Agent 25.00

30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CVS 976 FL, L.L.C." IS DULY FORMED UNDER THE LANS 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 .

4837154 8300

110366533

DATE: 03-31-11 You may verify this certificate enline at corp.delaware.gov/authver.shtml

ATION: 8663658