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BLUEBIRD CVS TALLAHASSEE, LLC

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COVER LETTER

TO:

Registration Section
Division of Corporations

BLUEBIRD CVS TALLAHASSEE LLC

SUBJECT:

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Leana Guzman

Name of Person

REGISTERED AGENT SOLUTIONS, INC.

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City/State and Zip Code

CLIENTSERVICES@RASI.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEANA GUZMAN

.888

705-7274

Name of Person

Arca Code & Daytime Telephone Numbe

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO 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 RUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN BLUEBIRD CVS TALLAHASSEE LLC		
	include "Limited Liability Company," "L.L.C.," or "LL(C.'")
(If name unavailable, enter alternate name adopted for the puconsent of the managers or managing members adopting the Company," "L.L.C," "LLC.")	urpose of transacting business in Florida and attach a co alternate name. The alternate name must include "Limi	ppy of the written ted Liability
_{2.} DELAWARE	3,	
(Jurisdiction under the law of which foreign limited liabili company is organized)	ity (FEI number, if applicable)	
4. 02/12/2013	_{5.} Perpetual	
(Date of Organization)	(Duration: Year limited liability company will exist or "perpetual")	cease to
6. Upon Approval		
(Date first transacted business in (See sections 608.501 & 608.502	in Florida, if prior to registration.) 2 F.S. to determine penalty liability)	
7. 1530 Cornerstone Blvd, Suite 100	0	DIVS
Daytona Beach, FL 32117		ECKE SIOH
(Street Add	fress of Principal Office)	1 987
8. If limited liability company is a manager-manage	ged company, check here	A STATE
9. The name and usual business addresses of the n	managing members or managers are as follows	AN IO: OO
Bluebird14 Holdings LLC		
1530 Cornerstone Blud., Soute	• 100	
Daytona Bench, FL 32117		
10. Attached is an original certificate of existence, no more that the jurisdiction under the law of which it is organized. (A phot translation of the certificate under oath of the translator must be 11. Nature of business or purposes to be conducted.	stocopy is not acceptable. If the certificate is in a foreign la e submitted.)	anguage, a
Signature of a member or an	n authorized representative of a member.	the
penalties of perjury that the facts stated herein as	are true. I am aware that any false information submitted itutes a third degree felony as provided for in s.817.155,	in a
James Lioyu, Authorized	0 (DISOII	

Typed or printed name of signee

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 Liability Company is: BLUEBIRD CVS TALLAHASSEE LLC	
If unavailable, the alternate to be used in the state of Florida is:	
	•

2. The name and the Florida street address of the registered agent and office are:

Registered Agen	t Solutions, Inc.
	(Name)
155 Office Plaza	Dr. Suite A
Florida Street Addre	ess (P.O. Box NOT ACCEPTABLE)
Tallahassee	_{FL} 32301

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.

-Art Flores, Asst. Secretary

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

SECKE LARY OF STALE
DIVISION OF COMPONATIONS

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BLUEBIRD CVS TALLAHASSEE LLC" 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 TWENTY-SEVENTH DAY OF FEBRUARY, A.D.

2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLUEBIRD CVS TALLAHASSEE LLC" WAS FORMED ON THE TWELFTH DAY OF FEBRUARY, A.D. 2013.

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

5288002 8300

130245058

AUTHENT CATION: 0246427

DATE: 02-27-13

You may verify this certificate online at corp.delaware.gov/authver.shtml