Florida Department of State

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Foreign Limited Liability Company CVS 10504 FL, L.L.C.

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Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 CVS 10504 FL, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(reame of Foreign Limited Linding Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include thinbility Company," "L.L.C." or "L.L.C.")	Limited
2. Delaware	_
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4,	
(Date first transacted business in Florida, if prior to registration.) (See acctions 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. One CVS Drive	五名 管
Warrantes DI 00006	
Woonsocket, RI 02895 (Street Address of Principal Office)	
6. One CVS Drive	
	- m
Woonsocket, RI 02895 (Malling Address)	<u> — Б</u> ; ∞
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	- 意 2
CV3 Pharmacy Inc. (managing member)	—
<u> </u>	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is n	
acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the tr	
must be submitted)	•
$\Delta \sim 1.0 \Delta \sim 1$	
Signature of an authorized person	
(In accordance with section 603.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a.817.155, i	
Melanie K., Luker / Secretary	
Typed or printed name of signes	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	L, L.L.C.		
funavailab	le, the alternate to be used in	n the state of Florida is:	
. The nam	e and the Florida street addr	ress of the registered agent and office are:	
	C T Corporation System		Į.
		(Name)	
	1200 South Pine Island Ros	ad	ירין
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
			. 3
	Plantation	FL 33324	<u> </u>
		City/State/Zip	
iability com egistered a tatutes rela	spany at the place designated gent and agree to act in this sting to the proper and compl	and to accept service of process for the above in this certificate, I hereby accept the appoin capacity. I further agree to comply with the plete performance of my duties, and I am famili registered agent as provided for in Chapter 60	iment as rovisions of all iar with and

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CVS 10504 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 TWENTIETH DAY OF FEBRUARY, A.D. 2014.

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

5484281 8300

140196053

You may warify this cortificate online at corp.delaware.gov/authver.shiml

Jeffrey W. Bullock, Socretary of State

AUTHENTY CATION: 1146470

DATE: 02-20-14