

CT CORPORATION SYSTEM

L0100 0019490

CORPORATION(S) NAME

- (1) Holiday CVS,L.L.C.
- (2) Miami 8th CVS,L.L.C.
- (3) Miami 147th CVS, L.L.C.
- (4) 49thh Hialeah CVS, L.L.C.
- (5) Merritt Island CVS, L.L.C.
- (6) Oak Ridge Orlando CVS, L.L.C.
- (7) Orange Winter Park CVS, L.L.C.

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Limited Partnership
LLC | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> CUS |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Photocopies | |
| <input type="checkbox"/> Mail Out | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 13 AM 10:40

APPROVED
AND
FILED

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

11/13/01

Order#: 4908566

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Ref#: ****125.00 ****125.00

MS

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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RECEIVED

DB
10-31-11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Holiday CVS, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:


One CVS Drive, Legal Dept. Woonsocket RI 02895

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

<u>CT Corporation System</u>	
Name	
<u>c/o CT Corporation System, 1200 South Pine Island Road</u>	
Florida street address (P.O. Box NOT acceptable)	
<u>Plantation</u>	<u>FL 33324</u>
City, State, and Zip	

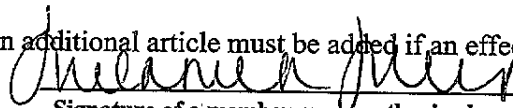
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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, F.S..


 C T Corporation System
PATRICIA A. CANARIO,
 SPECIAL ASSISTANT SECRETARY
 Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)



Signature of a member or an authorized representative of a member.
CVS Meridian, Inc. (Member)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Melanie K. Luker, Assistant Secretary

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 NOV 13 AM 10:40

APPROVED
AND
FILED

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)