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FOREIGN LIMITED LIABILITY COMPANY

CVS 5116 FL, L.L.C.

| Certificate of Status | 0 |
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 60850B, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | (Name of foreign limited liability company) |
|---|---|
| Delaware (Jurisdiction under the law of which fo | oreign limited liability (FEI number, if applicable) |
| (Date of Organization) | 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual") |
| (Date first transacted b | ousiness in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) |
| Ons CVS Drive | |
| Woonsocker RI 02895 | |
| | (Street address of principal office) |
| | manager-managed company, check here |
| One CVS Drive | |
| Woonsocket RI 02895 | |
| | <u>သ</u> |
| | |
| | |
| jurisdiction under the law of which it is a slation of the certificate under oath of the | reace, no more than 90 days old, duly authenticated by the official having custody of from regarded. (A photocopy is not acceptable. If the certificate is in a foreign language, a translator must be submitted.) to be conducted or promoted in Florida: |
| real estate acquisition | |
| Signature of | a member or an authorized representative of a member. th section 608.408(3), P.S., the execution of this document constitutes the penalties of perjury that the facts stated berein are true, |
| | er, Assistant Secretary of CVS Pharmacy, Inc. |
| | 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.

| 2. The name and the | Florida street address (| of the registered a | gent and office are: | |
|---|---|---|--|---------------------------------------|
| | ст | Corporation System | | |
| | 1 | (Namo) | | |
| <u> </u> | 1200 8 | South Pine Island Ro | Rd | |
| | Florida Street Adda | ess (P.O. Box NOT | ACCEPTABLE) | (|
| | • | | | 04 2 |
| | Plantation | FL FL | 33324 | _ |
| • | | City/State/Zip | | မ ် |
| iability company at th Igent and agree to ac- elating to the proper | s registered agent and to se place designated in th t in this capacity. I furth and complete performan tion as registered agent t | is certificate, I her er agree to compl ice of my duties, a | eby accept the appoint with the provisions of and I am familiar with a | tment as registered f all statutes S |
| Sanny | (Signature) | | • | |

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CVS 5116 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 TWENTY-SIXTH DAY OF AUGUST, A.D. 2004.

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



Warriet Smith Hindan

arriet Smith Windsor, Secretary of State

AUTHENTICATION: 3319398

DATE: 08-26-04