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To:

Division of Corporations

Fax Number : (850)205-0383

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Account Name

: C T CORPORATION SYSTEM

FOREIGN LIMITED LIABILITY COMPAN

Account Number : FCA0000000023 1 (850)222-1092

: (850)878-5926

SCP 2005C-C20-006 LLC

Certificate of Status Certified Copy 1 Page Count 04 Estimated Charge \$160.00

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COMPANY PROGRAM

Public Access Hale

M05-508

SEP-14-2005 14:19

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 BUSINESS IN THE STATE OF FLORIDA:

1. SCP 2005C-C20-006 LLC

(Name of Foreign Limited Liability Company)

2.	Delaware	3.		
- 1	Inrisdiction under the law of which foreign limited liabilit company is organized)	y	(PEI number, if applicable)	
4.	September 9, 2005	5.	Perpetual	
**	(Date of Organization)	,	(Duration: Year limited liability company will ocase exist or "perpetual")	to
5.				
	(Date first transacted business in (See sections 608,501 & 608,302 t			
7.	CT Corporation, The Corporation Trust Company, Corpor	ratio	n Trust Center,	
	1206 Orange Street, Wilmington, New Castle County, De			
	(Street Addin	e36 O	Principal Office)	_~
5.	If limited liability company is a manager-manag	ed o	company, check here	2005 SEP
9.	The name and usual business addresses of the m	ana	S	
	CVS Pharmacy, Inc., One CVS Drive, Woonsocket, RI	0289	8.22 <u>8.2</u> 2	F
				7
ti ne tran	Attached is an original certificate of existence, no more than signification under the law of which it is organized. (A photocraftion of the certificate under oath of the translator must be a . Nature of business or purposes to be conducted	oopy Worn	is not acceptable. If the certificate is in a foreign language, itted.)	irecon a
		1		4
	Melanul	A		
	Signature of a member or and (in accordance with section 608,408(3) an affirm with the period is a of p), F.S	horized representative of a member. 5. the execution of this document continues by that the Rods stated berein are true.	
	Assistant Secretary	ı£	Minken	
FLe	Typed or print	ted	name of signee	
	CVS Pharmac	···	Inc. (member)	

P.09

ŞEP-14-2005 14:20

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE

TO DESIGNATE A REGISTERED OFFICE FLORIDA.							
1. The name of the Limited Liability Com	pany is:						
SCP 2005C-C20-006 LLC							
2. The name and the Florida street address	of the registered age	ent and office are:					
Ċ	Corporation System						
(Name)							
1200 South Pine Island Road							
Florida Street Address (P.O. Box NOT ACCEPTABLE)							
Plantation	FL	33324					
	City/State/Zip	33324	_				
Having been named as registered agent and liability company at the place designated in tagent and agree to act in this capacity. I function to the proper and complete performance obligations of my position as registered agent	this certificate. I here ther agree to comply ance of my duties, and	by accept the appoints with the provisions of II am familiar with a	ment as registered fall statutes and accept the				
CT Corporation System			2005 SEC				
By:			S SEP				
	ichael E. Jones		TAR.)				
As As	stistant Secretary						
\$ 100.00 \$ 25,00 \$ 30.00	Designation of R	egistered Agent	AM 9: 01 OF STATE				
\$ 5.00	Certificate of Star						

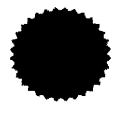
09/14/2005 18:07 PAX



The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCP 2005C-C20-006 LLC" IS DULY FORMED UNDER THE LAMS 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BREN PAID TO DATE.



AUTHENTICATION: 4155422

DATE: 09-14-05

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