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ELORIDA/FOREIGN LIMITED LIABILITY CO.

CVS 75293 FL, L.L.C.

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

IN COMPLIANCE WITH SECTION GRESH, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. CVS 75293 FL, L.L.C. (Name of Foreign Limited Liability Company) 2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 5. perpetual (Duration: Year limited liability company will e of Organization) exist or "perpetual") (Date first transacted business in Florids, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. One CVS Drive, Logal Department Woonsocket RI 02895 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: CVS Pharmacy, Inc. (Member) One CVS Drive, Woonsocket RI 02895 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: real catate acquisition Signature of a member or ar authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Molanie K. Luker Asst. Secretary of CVS Pharmacy, Inc. (Member)

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 th | e Limited Liability Company is: | |
|--|--|---|
| CVS 75293 FL, L.L.C |). | 10 2 |
| 2. The name and | he Florida street address of the registered agent and office are: | 2006 JUN 1 |
| | C T Corporation System | 16 ASS |
| • | (Name) | 四年 至 |
| \$#= \$ | 1200 South Pine Island Road | 9: 26 FLORID |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | See o |
| | Plantation, Florida 33324 | |
| . | City/State/Zip | |
| liability company of agent and agree to relating to the proj | d as registered agent and to accept service of process for the above sta to the place designated in this certificate, I hereby accept the appointm act in this capacity. I further agree to comply with the provisions of a per and complete performence of my duties, and I am familiar with an osition of registing a agent a provided for in Chapter 608, Florida St Peosporation System | ent as registered ill statites d accept the |
| | (Signature) | |

Kristen Betzger, Assistant Secretary

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



PACT

The First State

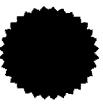
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERERY CERTIFY "CVS 75293 FL, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MAY, A.D. 2006

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CVS 75293 T., SAID I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

OF STATE

4162174 8300 060481633

NOT BEEN ASSESSED TO DATE.



Warriet Smith Windson

AUTHENTICATION: 4761717 DATE: 05-22-06