

Florida Department of State

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HELORIDA/FOREIGN LIMITED LIABILITY CO. CVS 3121 FL, L.L.C.

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1/7/2008

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

IN COMPLIANCE WITH SECTION 608513, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CVS 3121 FL, L.L.C. (Name of Foreign Limited Liability 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Lightly Company," "L.L.C.," "LLC.") Delware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liabilit company is organized) (Duration: Year limited liability company will cease to exist or "perpetual") Upon registration (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) One CVS Drive Woonspeket RJ 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. 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 onth of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Signature of a member of an 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.) Melanle K. Luker, Assistant Secretary of Sole Member

Typed or printed name of signed

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 nam	e of the Limited Liability Comp	any is:		E.
CVS 3121 FL	1			
If name una	vailable, the alternate name to b	e used in the state (of Florida is:	•
2. The nam	e and the Florida street address	of the registered ag	ent and office are:	
	Ст	Corporation System		
		(Name)		
	1200 :	South Pine Island Road		
	Florida Street Add	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Plantation	FL	33324	
		City/State/Zip		
liability com agent and as relating to th	n named as registered agent and to pany at the place designated in the gree to act in this capacity. I furthe proper and complete performa of my position as registered agent CT Corporation System (Signature)	his certificate, I here her agree to comply nce of my duties, an as provided for in t	by accept the appointme with the provisions of all d I am familiar with and	nt as registere I statutes accept the
	\$ 100.00 \$ 25.00	•		,
	\$ 30.00	Certified Copy (optional)	•
	e = nn	Cartificate of Sta	figentiane)	

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PAGE :

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CVS 3121 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 SROW, AS OF THE FOURTH DAY OF JANUARY, A.D. 2008.

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

4483541 8300

080013993

ou may verify this certificate online

Warriet Smith Minden

Herriet Smith Windsor, Secretary of State

AUTHENTICATION: 6287669

DATE: 01-04-08