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date of submission

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CVS 4480 FL, L.L.C.

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FLED

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE S	THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TATE OF FLORIDA:
, CVS 4480 FL, L.L.C.	
(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")	of transacting business in Florida and attach a copy of the written tate name. The alternate name must include "Limited Lightlity
2. Delaware 3.	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. T (22) OB 5.	Perpetual SE
(Date of Organization)	Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. Uln	## 3
(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. t	ida, if prior to registration.) o determine penalty liability)
7. One CVS Drive, Woonsocket, RI 02895	9:
	52 S
(Street Address of	Principal Office)
 If limited liability company is a manager-managed c The name and usual business addresses of the management. 	
CVS Pharmacy, Inc., Sole Member	
10. Attached is an original certificate of existence, no more than 90 dathe jurisdiction under the law of which it is organized. (A photocopy iranslation of the certificate under oath of the translator must be submit.	is not acceptable. If the certificate is in a foreign language a
11. Nature of business or purposes to be conducted or p	promoted in Florida:
Real estate acquisition	
Signature of a member of an auth (In accordance with section 608.408(3), F.S. an affirmation under the penalties of perjury Melanic K. Luker, Assistant Secretary of Typed or printed r	y that the facts stated herein are true.) If Sole Member
FL057 - 06/28/2007 C T Systom Oulding	

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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.

CVS 4480 FL, L.I				
lf name unavai	lable, the alternate name to be	used in the state of	of Florida is:	
Z. The name a	nd the Florida street address o	of the registered ag	ent and office are:	
	CT	Corporation System		SECRET
		(Name)		ASSES 3
	1200 S	outh Pine Island Road	ļ	m_
å	Florida Street Addr	ess (P.O. Box NOT A	CCEPTABLE)	15 H
·	Plantation	ቴ ሃ	33324	9: 52 STATE OFFIDA
		City/State/Zip		

5.00 Certificate of Status (optional)

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Delaware

PACE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CVS 4480 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-THIRD DAY OF JANUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CVS 4480 FL, L.L.C." WAS FORMED ON THE TWENTY-SECOND DAY OF JANUARY, A.D. 2008.

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

4493133 8300

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You may verify this cartificate onlin

Warret Smile Hinde

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6330503

DATE: 01-23-08

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