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FLORIDA/FOREIGN LIMITED LIABILITY CO.

CVS 3919 FL, L.L.C.

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EXAMINER

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	nelude "Limited Liability Company," "L.L.C.," or "LLC.")
name unavailable, enter alternate name adopted for the pu	irpose of transacting business in Florida and attach a copy of the wri- alternate name. The alternate name must include "Limited Liability
Dolaware	2
Jurisdiction under the law of which foreign limited liabilitionpany is organized)	3. (PBI number, if applicable)
2/17/09	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
Upon registration	•
(Date first transacted business in	o Florida, if prior to registration.) F.S. to determine penalty liability)
One CVS Drive, Woonsocket, RI 02895	7.55 to determine postarty manney)
One C 15 Diffe; Widdisdesel, KI 02575	
	7.00
(Street Addre	ess of Principal Office)
Yeliminal liability pamana is a manager mass	
If limited liability company is a manager-manag	ged company, check here
The name and usual business addresses of the m	nanaging members or managers are as follows
CVS Pharmacy, Inc., Sole Member	
One CVS Drive, Woonsocket, RI 02895	SE ,
	1,5-
	90 days old, duly authenticated by the official having custody of records
urisdiction under the law of which it is organized. (A photoc slation of the certificate under oath of the translator must be si	copy is not acceptable. If the certificate is in a foreign tanguage, a
SERVICES OF THE COMMISSION DESCRIPTION OF THE DISTRIBUTE TRUST OF SE	iormact)
Nature of business or purposes to be conducted	l or promoted in Florida:
Real estate acquisition	
real earne medalation	· ·
	eg
melant	1
Signature of a member or an	authorized representative of a member
(In accordance with section 608.408(3)	authorized representative of a member.), F.S., the execution of this document constitutes
(In accordance with section 608.408(3)), F.S., the execution of this document constitutes perjury that the fliets stated herein are true.)

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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.

1. The name	of the Limite	d Liability Comp	any is:		
CVS	3919 F	L, L.L.C.			
If name unav	ailable, the al	ernate name to b	e used in the state	of Florida is:	
2. The name	and the Florid	la street address	of the registered ag	gent and office are:	
		C T	Corporation System		
			(Name)		TAS I
		1200 5	South Pine Island Road	.	SECRETAR TALLAHAS:
		Florida Street Add	ress (P.O. Box NOT	ACCEPTABLE)	TAR)
		Plantation	FL	33324	EE. TOP
			City/State/Zip		STAT
liability comp agent and agr relating to the	any at the place see to act in this proper and co	e designated in the s capocity. I furth implete performa	nis certificate, I hero her agree to comply nce of my duties, an	process for the above; eby accept the appoint with the provisions of ad I am familiar with a Chapter 608, Florida	stated limited ment as registered fall statutes and accept the
kriet Vic€	en Betzge Presider	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Ap Designation of F Certified Copy (Certificate of Sta	Registered Agent optional)	

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CVS 3919 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-FIFTH DAY OF FEBRUARY, A.D. 2009.

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

2009 MAR -4 AM 8: 37
SECRETARY OF STATE
ALLASSEF, FLORIDA

4656330 830**0**

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You may varify this cortificate online

Jeffrey W. Bullack, Sucretary of State

AUTHENTICATION: 7154523

DATE: 02-25-09