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David C. Powlen, R.L.A.
Thomas M. Ostiale, P.L.S. Thomas M. Orisich, P.L.S. John R. Turner, FMP, IIDA William T. Baker, Jr., P.E.

February 10, 2000

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 -02/15/00--01008--019 ****130.00 ****130.00

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Re:

WBCM, LLC

Registration Application

Dear Sir or Madam:

Enclosed is the Application for Authorization to transact business in Florida for WBCM, LLC. Also enclosed are the original Maryland Certificate of Good Standing, Designation of Registered Agent, and a check for \$130.00

Please confirm your receipt and processing of this Application by returning the Certificate of Status. Thank you for your assistance. If additional information is needed, please contact me.

Very Truly Yours,

Angelo Poletis.

Chief Financial Officer

بيجودهو يودين بتنونية والمراجع المستعدد والمتأكدون والمتاكدة

Name **Availability** Enclosure Document DCC Examiner 200 Update: Updater OCC. Verifyer DCC Acknowledgement DCC W. P. Verifyer

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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:

١.	WBCM, LLC
•	(Name of foreign limited liability company)
	Maryland 3. 52-2144872 Jurisdiction under the law of which foreign limited liability ompany is organized) (FEI number, if applicable)
•	September 14, 1998 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
•	As of the date this Application is filed with Secretary of State in Florida (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F
•	Baltimore, Maryland 21286
	(Street address of principal office) If limited liability company is a manager-managed company, check here The usual business addresses of the managing members or managers are as follows:
	Whitney, Bailey, Cox & Magnani, LLP, Manager 849 Fairmount Avenue, Suite 100
	Baltimore, Maryland 21286
ne ar	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: The purpose of the LLC is

Signature of a member or 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.)

David G. Mongan, Whitney, Bailey, Cox & Magnani, LLP, Managing Member
Typed or printed name of signee

lawful purpose as the LLC may determine.

The name of the Limited Liebility Company is:

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 Limited Liability Company is:		
WBCM, LLC		
2. The name and the Florida street address of the registered agent and office are:	00 FEB	
C T Corporation System	5	=
(Name)	2	Ē
c/o C T Corporation System, 1200 South Pine Island Road	<u> </u>	
Florida street address (P.O. Box NOT ACCEPTABLE)	25	
Plantation FL 33324		
City/State/Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Source (Signature) Charles Signature

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE. IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT WBCM, LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED TO SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AFFIXED TO BALTIMORE ON THIS FEBRUARY 08, 2000.

Paul B. Anderson Charter Division OFEB 15 AMIO: 25

