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Division of Corporations

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C T CORPORATION SYSTEM Account Name

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Foreign Limited Liability Company CSB 8145 North Wickham Road DPC Holdings LLC

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Page Count	05
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MAY - 4 2010

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

COVER LETTER

	Division of Corporations			
SUBJEC	T: CSB 8145 NORTH WICKHAM ROAD DPC HOLDINGS LLC			
	Name of Limited Liability Company			
	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida and check are submitted to register the above referenced foreign limited liability company to transact but			
Please reti	arn all correspondence concerning this matter to the following:			
	CAROLYN SILVA			
	Name of Person	,		
	CAPITALSOURCE			
	Firm/Company		10	
	4445 Willard Avenue, 12th Floor	A.A.	HAY	~7
	Address	SS	(,)	*****
	Chevy Chase, MD 20815	4.33 407	AH	T
	City/State and Zip Code			
	csilvs@capitalsource.com	器件	_	
	E-mail address: (to be used for future annual report notification)	<u>ئ</u>		
For further	information concerning this matter, please call:			
	Carolyn Silva ut (301) 841-2765			
	Name of Person Area Code & Daytime Telephone Number	•		
D Ro P.	ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314 Circle Tallahassee, FL 32301 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Contex Circle Tallahassee, FL 32301			
Enclosed	is a check for the following amount:			
	\$125.00 Filing Fee \$\$130.00 Filing Fee & \$\$155.00 Filing Fee & \$\$160.00 Filing Fee, Certificate of Status & Certified Copy of Status & Certified			

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

IN COMPLIANCE WITH SECTION 608508, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CSB 8145 North Wickham Road DPC Holdings LLC (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 Liability Company," "L.L.C," "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) March 30, 2010 (Date of Organization) (Duration: Year limited liability company will cause to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 4445 Willard Avenue, 12th Floor, Chevy Chase, MD 20815 (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: CapitalSource Bank, 4445 Willard Avenue, 12th Floor, Chevy Chase, MD 20815 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 translation of the certificate under oath of the translator translation.) 11. Nature of business or purposes to be conducted or promoted in Florida: _____ to hold title to real property Signature of a member own 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)

Carolyn Silva, Authorized Representative

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 the Limited Liability Company is:	
CSB 8145 North Wickham Road I	DPC Holdings LLC
If unavailable, the alternate to be used in the state of Pk	orida is:
2. The name and the Florida street address of the regist	
C T Corporation S	iystem P. T.
(Name)	SSEY &
1200 South Pine Isla	and Road
Florida Street Address (P.O. Box	
Plantation FL	33324 Pm
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, Florida Statutes.

By: (Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5 5.00 Certificate of Status (optional)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CSB 8145 NORTH WICKHAM ROAD DPC HOLDINGS LLC" 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 TRIRTIETH DAY OF APRIL, A.D. 2010.

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

1805729 8300

100450217

You may verify this cartificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

OTHENTICATION: 7967199

DATE: 04-30-10