

M 14000002151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

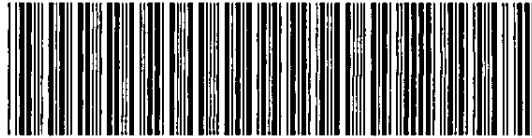
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

14 MAR 31 PM 4: 29

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14 MAR 31 AM 10: 54

T. Burch APP

[Handwritten mark]



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 074487 4320946
AUTHORIZATION : *[Handwritten Signature]*
COST LIMIT : \$ 125.00

ORDER DATE : March 28, 2014
ORDER TIME : 10:35 AM
ORDER NO. : 074487-010
CUSTOMER NO: 4320946

FOREIGN FILINGS

NAME: 5111 & 5131 SOUTH RIDGEWOOD
AVENUE HOLDINGS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. 5111 & 5131 South Ridgewood Avenue 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Maryland

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o CWCapital Asset Management LLC, 7501 Wisconsin Avenue, Suite 500 West

Bethesda, MD 20814

(Street Address of Principal Office)

6. c/o CWCapital Asset Management LLC, 7501 Wisconsin Avenue, Suite 500 West

Bethesda, MD 20814

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

See Attachment

8. 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 must be submitted)

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Colette McCrone, Authorized Person

Typed or printed name of signee

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ATTACHMENT

FLORIDA APPLICATION FOR REGISTRATION OF A
FOREIGN LIMITED LIABILITY COMPANY

5111 & 5131 SOUTH RIDGEWOOD AVENUE HOLDINGS, LLC

Item 9.

Sole Member/Manager's Name

U.S Bank National Association, as Trustee successor-in-interest to Bank of America,
N.A., as Trustee, successor by merger to LaSalle Bank National Association, as Trustee
for the registered holders of ML-CFC Commercial Mortgage Trust 2006-1, Commercial
Mortgage Pass-Through Certificates,
Series 2006-1

Member/Manager's Address

c/o CWCapital Asset Management LLC
7501 Wisconsin Avenue, Suite 500 West
Bethesda, MD 20814

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:
5111 & 5131 South Ridgewood Avenue Holdings, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL 32301


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 605, Florida Statutes.

Corporation Service Company

Carol Dolor, Assistant VP

By:


(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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TALLAHASSEE, FLORIDA

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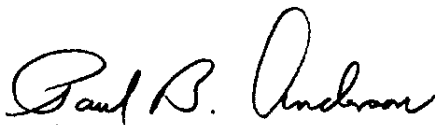
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STATE OF MARYLAND
Department of Assessments and Taxation

I, PAUL B. 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 TRANSMIT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT 5111 & 5131 SOUTH RIDGEWOOD AVENUE HOLDINGS, LLC, REGISTERED MARCH 17, 2014, 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 TRANSMIT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 28, 2014.



Paul B. Anderson
Charter Division

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TALLAHASSEE, FLORIDA



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