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To:

Division of Corporations

Email Address:\_

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## Foreign Limited Liability Company 101 SOUTH ADAMS STREET HOLDINGS, LLC

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## COVER LETTER

	sion of Corporations			
SUBJECT:	101 South Adams Street Holdings, LLC			
	Nam	e of Limited Liability Company	,	
		Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact busi		
Please return a	all correspondence concerning this matter t	o the following:		
	Amanda Lopez			
		Name of Person		
	CWCapital Asset Management LLC	3		
		Firm/Company		
	900 19th Street, NW, 8th Floor			
		Address	,	
	Washington, DC 20006			
		Sity/State and Zip Code		202 <b>)</b>
	alopez@cwcapital.com			JAN
	E-mail address: (to be	used for future annual report notification)	4	+
For further inf	formation concerning this matter, please ca	11.	707	
		at ()	10 mg 17 mg	AM 11:01
<del></del>	Name of Contact Person	Area Code Daytime Telephone Number		-
Reg Divi P.O	ing Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Pleas	osed is a check for the following amount. se make check payable to: FLORIDA DEF 125.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 📋 \$160.00 Filing Fee,		

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

		orida. The alternate name must include "Limited Liability C	,
Maryland		3. (FEI number, if ap	
(Jurisdiction under the law of w	rhich foreign limited liability company is organized)	(FEI number, if ap	plicable)
	(Date first transacted business in Florida if prior to	egistration )	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	ne penalty liability)	
7 St. Paul Street, Su	ite 820	c/o CWCapital Asset Manager	
ret Address of Frincipal Office)	<del></del>	6. (Mailing Address)	
Baltimore, MD 21202		900 19th Street, NW, 8th Floor	
		Washington, DC 20006	
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	DZI JAN
Name:	Corporation Service Company		
Office Address.	1201 Hays Street		AH II: O
	Tallahassee	32301 Florida	<del>π</del> ω
		(Zup code)	

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name. SEE ATTACHMENT	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
SEE ATTACK	HMENT Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Mcmber	Address:
□Authorized		□Authorized	21 JA
Person		Person	
Other	Other	Other	Other To
□Manager	Name.	□Manager	Name. See See See See See See See See See S
□Member	Address:	□Member	Address:
☐ Authorized		□Authorized	
Person		Person	
Other	Other	Other	Other

Important Notice. Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Whom-
Signature of an authorized person
Daria Ivanova, Esq., Authorized Person
Typed or resided name of signal

### **ATTACHMENT**

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

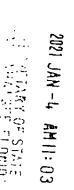
#### 101 SOUTH ADAMS STREET HOLDINGS, LLC

Item 8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

## Name of Member/Manager

Wells Fargo Bank, National Association, as Trustee, for the benefit of the registered Holders of GS Mortgage Securities Corporation II, Commercial Mortgage Pass-Through Certificates, Series 2015-GC32

Business Address of Member/Manager c/o CWCapital Asset Management, LLC 900 19th Street, NW 8th Floor Washington, DC 20006



# STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS 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 101 SOUTH ADAMS STREET HOLDINGS, LLC (W21154935), REGISTERED NOVEMBER 27, 2020, 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 THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 30, 2020.

Michael L. Higgs Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TTVoice

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