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	(Requestor's Name)
	(Address)
 	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

AUG 1 2 2010

EXAMINER

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SEGRETARY OF STATE



IN REHAIGE COMPANY.
ACCOUNT NO. : 12000000195
REFERENCE : 475836 4320946
AUTHORIZATION Smelle Man
COST LIMIT : 05 125.00
ORDER DATE : August 11, 2010
ORDER TIME : 3:26 PM
ORDER NO. : 475836-045
CUSTOMER NO: 4320946
FOREIGN FILINGS
NAME: 6341 TACOMA DR. HOLDINGS, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Carina L. Dunlap EXT# 2951
EXAMINER:

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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1, 6341 Tacoma Dr. 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 attractions of the managers or managing members adopting the alternate name. The alternate name must include Company," "L.L.C.," "LLC.")	
2. Maryland 3.	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable company is organized)	e)
4. 8/2/2010 5. perpetual	
(Date of Organization) (Duration: Year limited liability compa exist or "perpetual")	ny will cease to
6. 8/2/2010	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. c/o CSC 7 St. Paul Street, Suite 1660	
Baltimore, MD 21202	
(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 fo	ollows.
See Attachment A	CARD IT MI
See Attachment A	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official have the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fore translation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	
Own and maintain foreclosure properties	·
	SE 10
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.)	AUG I I
See Attachment B.	.%i→

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.

If name una	vailable, the alternate name to be used in the state of Florida is:
2. The name	e 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

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.

Corporation Service Company

Carina L. Dunlap Asst. Vice President

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

ATTACHMENT A

FLORIDA APPLICATION FOR REGISTRATION OF A FOREIGN LIMITED LIABILITY COMPANY

6341 TACOMA DR. HOLDINGS, LLC

Item 9.

Sole Member/Manager's Name

Bank of America, N.A. as successor by merger to LaSalle Bank National Association as Trustee for the registered holders of Commercial Mortgage Acceptance Corp., Commercial Mortgage PassThrough Certificates, Series 1999-C1

Member/Manager's Address c/o CWCapital Asset Management LLC 701 13th Street, NW Suite 1000 Washington, D.C. 20005

ATTACHMENT B

FLORIDA APPLICATION FOR REGISTRATION OF A FOREIGN LIMITED LIABILITY COMPANY

6341 TACOMA DR. HOLDINGS, LLC

Signature Block

6341 TACOMA DR. HOLDINGS, LLC

By: Bank of America, N.A. as successor by merger to LaSalle Bank National Association as Trustee for the registered holders of Commercial Mortgage Acceptance Corp., Commercial Mortgage PassThrough Certificates, Series 1999-C1

By: CWCapital Asset Management LLC, a Massachusetts limited liability company, solely in its capacity as Special Servicer to the Trust

DJ Morakis, Vice President

Dated: August <u>9</u>, 2010

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

I FURTHER CERTIFY THAT 6341 TACOMA DR. HOLDINGS, LLC, REGISTERED AUGUST 02, 2010, 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 AUGUST 11, 2010.

Paul B. Anderson Charter Division

Faul B. Under



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097