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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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2008 OCT | 4 AM | 1: | 4 SECRETARY OF STATE

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OCT 15 2008

EXAMINER

## <u>Polsinelli</u>

Shalton | Flanigan | Sueithaus.c

700 West 47th Street, Suite 1000 | Kansas City, MO 64112-1802 (816) 753-1000 | Facsimile: (816) 753-1536 | www.polsinelli.com

Nadene M. McGuire (816) 360-4326 nmcguire@polsinelli.com

October 13, 2008

#### SENT BY FEDERAL EXPRESS

Florida Secretary of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: BW Summit Davenport LLC

Dear Ladies and Gentlemen:

Enclosed are the following documents for the above-referenced limited liability company that we are forwarding to you for processing:

- 1. Cover Letter
- 2. Duplicate copies of an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.
- 3. Duplicate copies of a Certificate of Designation of Registered Agent/Registered Office.
- 4. Certificate of Good Standing from Delaware Secretary of State.
- 5. Check in the amount of \$155.00 to cover the filing fee and the fee for a certified copy of the filed Application.

Please forward evidence of filing of the Application to the undersigned.

If you have any questions, please let us know.

very truly yours

Nadene M. McGuire

Paralegal

NMM Enclosures 050966 / 109275 NMMCG 1706123

Kansas City St. Louis Chicago New York Washington, D.C. Wilmington
Overland Park Topeka Edwardsville

#### **COVER LETTER**

_	stration Section ion of Corporations						
SUBJECT:	BW Summit Davenport LLC						
	(Name of Lin	nited Liability Company)					
Florida," Cer	•••	iability Company for Authorization to Transac submitted to register the above referenced forest					
Please return	all correspondence concerning this	matter to the following:					
	Nadene McGuire, Paralegal		_				
	(N	Jame of Person)	_				
	Polsinelli Shalton Flanigan Suelthaus	PC					
	(Firm/Company)						
	700 West 47th Street, Suite 1000						
		(Address)	_				
	Kansas City, MO 64112		<u></u>				
	(City/S	State and Zip Code)	2008				
For further in	nformation concerning this matter, pl	lease call:	2008 OCT 14	emergantly Fig. 12 Pressured			
Nader	ne McGuire	at ( 816 ) 360-4326	} <del>-</del>	£_6.			
	(Name of Person)	(Area Code & Daytime Telephone Nilla		postpara:			
MAII	LING ADDRESS:	STREET ADDRESS:					
Division of Corporations		Division of Corporations	-				
P.O. Box 6327		Clifton Building					
Tallah	nassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301					
	check for the following amount: 5.00 Filing Fee \$\int\\$130.00 Filing Fee \$\text{Certificate of the following amount:}		Certificate & Certified				

### 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 COM.	PANY TO TRANSACT BUSINESS IN TH	E SI	ATE OF FLORIDA:	
1. BW Summit Davenp		1	"Limited Liability Company," "L.L.C.," or "LLC.")	-
(Name of Foreign	Limited Liability Company; must inc	iuae	"Limited Liability Company, L.L.C., or LLC. )	
	or managing members adopting the al		of transacting business in Florida and attach a copy of the te name. The alternate name must include "Limited Liabi	
2. Delaware		3.	( FEI number, if applicable)	_
(Jurisdiction under the company is organized)	law of which foreign limited liability	-	( FEI number, if applicable)	_
4. June 6, 2008		5.	Perpetual	_
(Date of	f Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	
6. September 16, 200				_
	(Date first transacted business in F (See sections 608.501 & 608.502 F.	lorio S. to	la, if prior to registration.) determine penalty liability)	
7	V, Suite 1000, Washington, DC 20	0005		-
	(0			_
	(Street Addres	s of	Principal Office)	
8. If limited liability	company is a manager-manage	d co	mpany, check here 🗸	
9. The name and usu	al business addresses of the ma	nagi	ing members or managers are as folking:	
CWCapital Asset N	flanagement LLC, 701 13th Street	NW	, Suite 1000, Washington, DC 20005 유준 요	
			ARY SSE	E COMPANY
			mo a	- [ ]
				4
the jurisdiction under the k		py is	s old, duly authenticated by the official having custody of renot acceptable. If the certificate is in a foreign language, a ed.)	cords in
11. Nature of busines	ss or purposes to be conducted	or p	romoted in Florida: To engage in any lawful act o	<u>r</u>
activity for which lim	ited liability companies may be or	ganiz	zed under the Florida Limited Liability Company Act.	
		F.S.,	orized representative of a member. the execution of this document constitutes that the facts stated herein are true.)	
	See Signature o	n At	tached Page	

Typed or printed name of signee

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

Name of Foreign LLC: BW Summit Davenport LLC

CWCAPITAL ASSET MANAGEMENT LLC, a Massachusetts limited liability company, as Manager, but solely in its capacity as special servicer and authorized agent for LaSalle Bank National Association, as Trustee, in trust for the Registered Holders of Mortgage Capital Funding, Inc. Multifamily/Commercial Pass-Through Certificates, Series 1998-MC3

By: Alex of Dangenham

Name: ALEX V GUGGENHEIT

Title: U'CE PRESIDENT

SECRETARY OF STATE

## 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.

l. The name	of the Limited Liabili	ity Comp	any is:	
If name unav	ailable, the alternate n	ame to b	e used in the state of Florida is:	
2. The name	and the Florida street	address	of the registered agent and office are:	
	NRAI Services, Inc.			
			(Name)	<del>_</del>
	2731 Executive Park Drive, Suite 4			2008 OCT 14 SEGRETARY TALLAHASS
	Florida	Street Add	ress (P.O. Box <u>NOT</u> ACCEPTABLE)	ETARY HASSE
	Weston		FL 33331	- FS AH
			City/State/Zip	TATE ORIDA
liability complagent and agr relating to the obligations of NRAL Services By:	any at the place designee to act in this capacity proper and complete my position as registed, inc.  (Signature)  L. Emerick, Asst	nated in thity. I furth performa red agent	-	ntment as registered of all statutes and accept the
		\$ 100.00	Filing Fee for Application	
		\$ 25.00	Designation of Registered Agent	

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BW SUMMIT DAVENPORT 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 SEVENTH DAY OF OCTOBER, A.D. 2008.

4559200 8300

081021029

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

Warriet Smith Windson, Secretary of State

AUTHENTICATION: 6899020

DATE: 10-07-08