# M09000000559

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

FEB 1 1 2009

**EXAMINER** 





ACCOUNT NO. : 072100000032

REFERENCE : 878781

UTHORIZATION 📿

COST LIMIT : \$ 125.00

ORDER DATE: February 2, 2009

ORDER TIME : 2:39 PM

ORDER NO. : 878751-005

CUSTOMER NO:

4320946

#### FOREIGN FILINGS

NAME:

8925 NW 26TH STREET HOLDINGS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608/603. FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRAINSACT BUSINESS IN THE S	TATE OF FLORIDA:
<sub>I.</sub> 8925 NW 26th Street Holdings, LLC	
(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose	
consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")	ate name. The alternate name must include "Limited Liability
	54-2188596
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	December 31, 2019
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
5. N/A	
(Date first transacted business in Flori See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)
7 St. Paul Street, Suite 1660	
Baltimore, MD 21202	No. of the second secon
(Street Address of	Principal Office)
3. If limited liability company is a manager-managed c	ompany, check here
9. The name and asual business addresses of the manag	
Wells Fargo Bank, N.A. fas Trustee for the registered holders of Credit Suisse First Boston M	origage Securities Corp., Commercial Morigage Pass-Through Certificates, Series 2005-C5
CWCapital Asset Management LLC	
	gton D.C. 20005
701 13th St., NW, Suite 1000, Washin	gton, D.C. 20003
0. Attached is an original certificate of existence, no more than 90 da	· · · · · · · · · · · · · · · · · · ·
he jurisdiction finder the law of which it is organized. (A photocopy in anslation of the certificate under oath of the translator must be submit	
1. Nature of business or purposes to be conducted or p	
management / / /	Actioned in Florida.
management	·
Signature of a mamber or on outh	orized representative of a member.
(linescordance with section 608.408(3), F.S. an affirmation under the penalties of perjury	, the execution of this document constitutes
Jennifer H. Hamm - Autl	

Typed or printed name of signee

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

REGISTERED AGENT/REGISTERED OFFICE
<b>/</b>
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, TH
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:
8925 NW 26th Street Holdings, LLC
If name unavailable, the alternate name to be used in the state of Florida is:
2. The name and the Horida street address of the registered agent and office are:
Corporation Service Company
(Name)
1201 Hays Street
Florida Street Address (P.O. Box NOT ACCEPTABLE)
20201
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 register 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.
Corporation Service Company Heather Chapman
BY Sease Charles as its agent
(Signature)
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent
A management of the Postation of the Pos

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

## 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 \$925 NW 26TH STREET HOLDINGS, LLC 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 FEIRUARY 02, 2009.

Paul B. Anderson Charter Division



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

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