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EXAMINER



ACCOUNT NO. : 07210000032 REFERENCE : 4320946 AUTHORIZATION 6 COST LIMIT ORDER DATE: February 25, 2009 ORDER TIME : 11:17 AM ORDER NO. : 905374-030 CUSTOMER NO: 4320946

FOREIGN FILINGS

NAME: 4757 BARKLEY CIRCLE HOLDINGS, $_{
m LLC}$

XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

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:

4757 Barkley Circle I		MIDO FLORUSI.
(Name of Foreign Limited	Liability Company; must include	"Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter altern consent of the managers or mana Company," "L.L.C.," "LLC.")	ate name adopted for the purpose ging members adopting the altern	of transacting business in Florida and attach a copy of the writtenate name. The alternate name must include "Limited Liability
2. Maryland (Jurisdiction under the law of vocampany is organized)	3. which foreign limited liability	36-4315055 (FEI number, if applicable)
4. 2/25/2009 (Date of Organi	zation) 5.	2/25/2019 (Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A (Date (See se	e first transacted business in Flori ections 608.501 & 608.502 F.S. to	da, if prior to registration.)
7. 701 13th Street, NW	,	99 FF T
Washington, D.C. 20	005 (Street Address of	Principal Office)
8. If limited liability compa	·	
	·	ing members or managers are as follows:
		Commercial Mortgage Pass-Through Certs
Series 1999-C1 c/o F	. Flandrau 701 13th St.,	NW, #1000, Washington, DC 20005
	nich it is organized. (A photocopy i	ys old, duly authenticated by the official having custody of records in s not acceptable. If the certificate is in a foreign language, a ted.)
11. Nature of business or p	urposes to be conducted or p	promoted in Florida:
Signa (In accan an affi	ture of a member or an authordance with section 608.408(3), F.S.	posing of immovable property Authorized Repulsed a first orized representative of a member. the execution of this document constitutes that the facts stated herein are true.)

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.

Corporation Service Company (Name) 1201 Hays Street Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee FL 32301		The name of the Limited Liability Company is: 4757 Barkley Circle Holdings, LLC
Corporation Service Company (Name) 1201 Hays Street Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee FL 32301		
(Name) 1201 Hays Street Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee FL 32301	re:	2. The name and the Florida street address of the registered agent and office are:
Tallahassee FL 32301		
Tallahassee _{FL} 32301		· ,
FL		Florida Street Address (P.O. Box NOT ACCEPTABLE)
		FL
City/State/Zip		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 608, Florida Statutes.

Corporation Service Company
BY:

(Signature)

Troy Todd
as its agent

.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 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 4757 BARKLEY CIRCLE 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 FEBRUARY 25, 2009.

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

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