MU900005100

(Re	equestor's Name)	
(Ac	idress) .	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	•	
		·



800163892338

09 DEC 30 PM 4: 3

SECRETARY OF STATE DIVISION OF CORPORATIONS

9 DEC 30 PM 1:4

.

Office Use Only





ACCOUNT NO. : I2000000195

REFERENCE: 236359

4320946

AUTHORIZATION :

COST LIMIT :

ORDER DATE: December 30, 2009

ORDER TIME : 12:59 PM

ORDER NO. : 236359-010

CUSTOMER NO: 4320946

FOREIGN FILINGS

NAME: 6100 ARLINGTON EXPRESSWAY

HOLDINGS, 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: 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 STATUT. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	ES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORE R STATE OF FLORIDA:
1. 6100 Arlington Expressway Holdings, LLC (Name of Foreign Limited Liability Company; must include the company)	ude "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpo consent of the managers or managing members adopting the alte Company," "L.L.C.," "LLC.")	ose of transacting business in Florida and attach a copy of the writte rmate name. The alternate name must include "Limited Liability
2. Maryland	_{3.} 36-4539139
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 12/29/2009	5. 12/31/2025
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. <u>N/A</u>	
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	orida, if prior to registration.) to determine penalty liability)
7. 701 13th St., NW, Suite 1000	
Washington, D.C. 20005	
(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 mana	aging members or managers are as follows:
See Attachment A	aging momory of managors are as follows.
10. Attached is an original certificate of existence, no more than 90 of the jurisdiction under the law of which it is organized. (A photocopy	lays old, duly authenticated by the official having custody of records in
translation of the certificate under oath of the translator must be subm	
11. Nature of business or purposes to be conducted or	promoted in Florida: Acquire, finance, lease,
manage and sell immovable property	/)
Jul 6-1	
Signature of a member or an aut	thorized representative of a member.
(he søcordence bøith section 608.408(3), F. an affirmation under the penalties of perju	S., the execution of this document constitutes rry that the facts stated herein are true.)
Jennifer H. Hamm - Autho	
Typed or printed	name of signee

ATTACHMENT A

FLORIDA QUALIFICATION

6100 Arlington Expressway Holdings, LLC

Member Name

Wells Fargo Bank, N.A., as Trustee for the registered holders of Deutsche Mortgage & Asset Receiving Corporation, COMM 2003-LNB1 Commercial Mortgage Pass-Through Certificates

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

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.

1. The nam	e of the Limited Liability C	Company is:		
6100 Arlington Expressway Holdings, LLC				
If name una	vailable, the alternate name	e to be used in the state of Florida is:		
2. The name	e and the Florida street add	dress of the registered agent and office are:		
	Corporation Service	e Company		
		(Name)		
	1201 Hays Street			
	Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)		
	Tallahassee	FL 32301		
		City/State/Zip	_	
liability com agent and ag relating to th	pany at the place designatea gree to act in this capacity. I ne proper and complete perfo	and to accept service of process for the above d in this certificate, I hereby accept the appoint I further agree to comply with the provisions of formance of my duties, and I am familiar with a agent as provided for in Chapter 608, Florida	tment as registerea of all statutes and accept the	
BY:	on Service Company (Signature)	Carina L. Dunlap Asst. Vice President		
	\$ 100 \$ 25			

Certified Copy (optional)

5.00 Certificate of Status (optional)

\$ 30.00

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 6100 ARLINGTON EXPRESSWAY 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 DECEMBER 30, 2009.

Paul B. Anderson Charter Division

Faul B. Underen



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