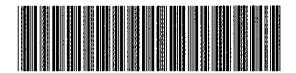
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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ACCOUNT	NΟ		12000000019
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REFERENCE: 672283

4320946

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: June 3, 2013

ORDER TIME : 12:51 PM

ORDER NO. : 672233-005

CUSTOMER NO: 4320946

FOREIGN FILINGS

NAME:

33550 US HIGHWAY 19 NORTH

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: Susie Knight -- EXT# 52956

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUS	SINESS IN THE STATE OF FLORIDA:	
1. 33550 US Highway 19 North Holdings	s, LLC	
(Name of Foreign Limited Liability Compa	any; must include "Limited Liability Company," "L.L.C.," or "	'LLC.")
	d for the purpose of transacting business in Florida and attach a dopting the alternate name. The alternate name must include "L	
2. Maryland	3.	
(Jurisdiction under the law of which foreign lim company is organized)	nited liability (FEI number, if applicable)	
4. 05/31/2013	5. perpetual	
(Date of Organization)	(Duration: Year limited liability company vexist or "perpetual")	will icease by
6. 06/03/2013		52 7
(Date first transacted (See sections 608.501 &	business in Florida, if prior to registration.) & 608.502 F.S. to determine penalty liability)	SECON RE
7. c/o CWCapital Asset Management LLC	C, 7501 Wisconsin Avenue, Suite 500 West	70 B
Bethesda, MD 20814	•	: IO
(8	Street Address of Principal Office)	≯
8. If limited liability company is a manag	ger-managed company, check here 🔀	
9. The name and usual business addresses	s of the managing members or managers are as follo	ws:
SEE ATTACHMENT		
		Name to a Mark Addition of Market annihilation laboration
		
	o more than 90 days old, duly authenticated by the official having d. (A photocopy is not acceptable. If the certificate is in a foreign for must be submitted.)	
11. Nature of business or purposes to be o	conducted or promoted in Florida:	VP-20-20-20-20-20-20-20-20-20-20-20-20-20-
Rental and management of commercial	l property.	·
Copice	m	
———————————————————————————————————————	ber or an authorized representative of a member.	
	 F.S., the execution of this document constitutes an affirmation und ted herein are true. I am aware that any false information submit 	

Typed or printed name of signee

Colette McCrone, Authorized Person

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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 name of the Limited Liability Company is:	
33550 US Highway 19 North Holdings, LLC	and the same
If unavailable, the alternate to be used in the state of Florida is:	B JUN -3
2. The name and the Florida street address of the registered agent and office are:	E. FLORE
Corporation Service Company	Chill C
(Name)	_
1201 Hays Street	_
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
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 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

Sue G. Knight
Assistant Vice President

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

ATTACHMENT

FLORIDA APPLICATION FOR REGISTRATION OF A FOREIGN LIMITED LIABILITY COMPANY

33550 US HIGHWAY 19 NORTH HOLDINGS, LLC

Item 9.

Sole Member/Manager's Name

U.S. Bank National Association, as Trustee, successor-in-interest to Bank of America, N.A., as Trustee, successor by merger to LaSalle Bank National Association, as Trustee for the registered holders of GMAC Commercial Mortgage Securities, Inc., Mortgage Pass-Through Certificates, Series 2002-C2

Member/Manager's Address c/o CWCapital Asset Management LLC 7501 Wisconsin Avenue, Suite 500 West Bethesda, MD 20814

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 33550 US HIGHWAY 19 NORTH HOLDINGS, LLC, REGISTERED MAY 31, 2013, 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 JUNE 03, 2013.

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