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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
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SECRETARY OF STATE

T. Burch NOV 4 2014



N SERVICE COMPANY				·
ACCO	UNT NO.	:	1200000001	.95
RE	FERENCE	:	361004	4320946
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NAME: 5805- PARKW	5811 BREG AY HOLDI			
XXXX QUALIFICATION	(TYPE: <u>L</u>	<u>L</u> )		
PLEASE RETURN THE FOLL	OWING AS	PRO	OF OF FILI	NG:
CERTIFIED COPY XX PLAIN STAMPED CERTIFICATE OF		ANDI	ing	
CONTACT PERSON: Court	ney Will:	iams	: EXT# 6	2935

EXAMINER:

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 5805-5811 Breckenridge Parkway Holdings, LLC			
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC."	<u> </u>		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must Liability Company," "L.L.C," or "LLC,")	nt include '	"Limited	! ;
2. Maryland 3.			
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)	···	<del></del> -	
10/30/2014			
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		<del></del>	
5. c/o CWCapital Asset Management LLC, 7501 Wisconsin Avenue, Suite 500 West	TALL	14	entaly je
Bethesda, MD 20814	AHA AHA	AON	partite.
(Street Address of Principal Office)	SSEY	ည်	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
6	EC SI	P	I
(Mailing Address)	<u> </u>	ري. ح	-24/E
7. The name, title or capacity and address of the person(s) who has/have authority to manage See Attachment	15/ arc.	<u>.                                    </u>	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated having custody of records in the jurisdiction under the law of which it is organized. (A photocoacceptable. If the certificate is in a foreign language, a translation of the certificate under oath oath of the certificate under oath oath oath oath oath oath oath oath	py is no	ot	
must be submitted)	,, <b>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</b>		
<u>Calen</u>			
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the farm aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s	acts stated h .817 155, F	herein are	true, I
Colette McCrone, Authorized Person			
Typed or printed name of signee			

#### **ATTACHMENT**

### FLORIDA APPLICATION FOR REGISTRATION OF A FOREIGN LIMITED LIABILITY COMPANY

#### 5805-5811 BRECKENRIDGE PARKWAY 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 ML-CFC Commercial Mortgage Trust 2006-1, Commercial Mortgage Pass-Through Certificates, Series 2006-1

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

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability ( eckenridge Parkway Holdin	• •		
If unavailable	the alternate to be used	in the state of Florida is:		
2. The name	and the Florida street add	dress of the registered agent and office are:	3EC TALL	Lingshire
	1201 Hays Street	(Name)	NOV -3 I	Wilder .
	Florida Stre	et Address (P.O. Box NOT ACCEPTABLE) 32301	PH 14: 25 Of State Selorioa	
	1 and 1dooce	FL City/State/Zip	A	

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 605, Florida Statutes.

Corporation Service Company

By:

(Signature)

Courtney Williams

Asst. 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)

## 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 5805-5811 BRECKENRIDGE PARKWAY HOLDINGS, LLC, REGISTERED OCTOBER 30, 2014, 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 NOVEMBER 03, 2014.

Paul B. Anderson Charter Division 3ECRETARY OF STATE
TALLAHASSEE, FLORIDA



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