

ACCOUNT NO.

: 072100000032

REFERENCE :

231929

55379A

AUTHORIZATION

COST LIMIT :

ORDER DATE: January 22, 1997

ORDER TIME : 8:48 AM

ORDER NO. : 231929-005

CUSTOMER NO:

55379A

200002067492--3

CUSTOMER: Ms. Colleen D. Andrews

Green Park Financial Limited

7500 Old Georgetown Road

Suite 800

Bethesda, MD 20814

FOREIGN FILINGS

NAME:

WALKER & DUNLOP GP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Michael E. Klunk

AM 10: 23

DIVISION OF CORPORATION 97 JAN 24 AM 9: 49 RECEIVE

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:

Delaware		3. 52-2002612	<u> </u>
(Jurisdiction under the law of which company is organized)	n foreign limited liability	(FEI number, if applicab	le)
October 22, 1996	5Dec	cember 31, 2044	
(Date of Organization)		n: Year limited liability company will ce perpetual*)	===
Have yet to transact bus			SEIGH OF C
(Date first transacted business i		8.501, 608.502, and 817.155, F.S.)	
7500 Old Geogetown Road,	Suite 800		AM 10: 23
Bethesda, MD 20814			G. CRA
(Stree	et address of principal o	office)	\(\mathcal{G}\)
			3
member (MGRM) or manager (MGR). It is not nece	title, and business address of earssary to list members. NAME & ADDRESS:	3
member (MGRM) or manager (attach additional page if necessary NAME AND ADDRESS:	MGR). It is not nece	ssary to list members.	TITLE:
member (MGRM) or manager (attach additional page if necessary NAME AND ADDRESS: Mallory Walker	MGR). It is not nece) TITLE: Managing	NAME & ADDRESS:	3 ch managing
member (MGRM) or manager (attach additional page if necessary NAME AND ADDRESS: Mallory Walker 7500 Old Georgetown Rd.	MGR). It is not nece) TITLE: Managing	NAME & ADDRESS: Mitchell M. Gaynor	TITLE:
member (MGRM) or manager (attach additional page if necessary NAME AND ADDRESS: Mallory Walker 7500 Old Georgetown Rd. Suite 800	MGR). It is not nece) TITLE: Managing	NAME & ADDRESS: Mitchell M. Gaynor 7500 Old Georgetown Rd.	TITLE:
member (MGRM) or manager (attach additional page if necessary NAME AND ADDRESS: Mallory Walker 7500 Old Georgetown Rd. Suite 800 Bethesda, MD 20814	MGR). It is not nece) TITLE: Managing	NAME & ADDRESS: Mitchell M. Gaynor 7500 Old Georgetown Rd. Suite 800	ch managing
member (MGRM) or manager (attach additional page if necessary NAME AND ADDRESS: Mallory Walker 7500 Old Georgetown Rd. Suite 800 Bethesda, MD 20814 Merrill A. Yavinsky	MGR). It is not nece) TITLE: Managing Member	NAME & ADDRESS: Mitchell M. Gaynor 7500 Old Georgetown Rd. Suite 800	TITLE:
member (MGRM) or manager (attach additional page if necessary NAME AND ADDRESS: Mallory Walker 7500 Old Georgetown Rd. Suite 800	MGR). It is not nece) TITLE: Managing Member	NAME & ADDRESS: Mitchell M. Gaynor 7500 Old Georgetown Rd. Suite 800	ch managin TITLE:

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

Th	e undersigned member or authorized representative of a member of Walker & Dunlop GReduction
	deposes and says:
1)	the above named limited liability company has at least two members
2)	the above named limited liability company has at least two members the total amount of cash contributed by the member(s) is \$ 25,000.00
3)	if any, the agreed value of property other than cash contributed by member(s) is \$\\ 0.00\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4)	the total amount of cash or property anticipated to be contributed by member(s) is $\frac{25,000.00}{}$. This total includes amounts from 2 and 3 above.
	Walker & Dunlop GP, LLC, a Delaware limited liability company

Signature is a member or authorized representative of a member (in accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that that facts stated herein are true.)

Mary Ellen Slavinskas Vice President

BY:

Filing Fee: \$ 52.50 for Affidavit

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, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:____

By: Deliarap N.

(Signature)

Deborah D. Skipper, As Agent

Walker & Dunlop GP, LLC

January 24, 1997

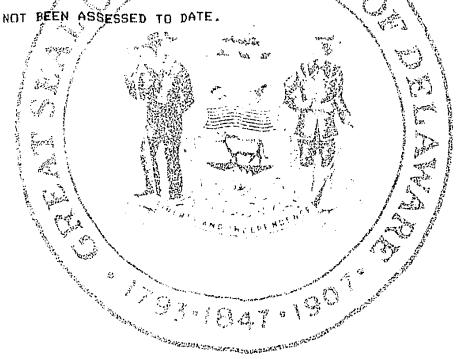
(Date)

2. The name and address of the registered agent and office is:	SECRETARY DIVISION OF C 97 JAN 24
Corporation Service Company	- T
(Name)	
1201 Hays Street	AM 10: 23
(P.O. Box or Mail Drop Box NOT acceptable)	\tag{5.5cm}
Tallahassee, FL 32301	U
(City/State/Zip)	
Having been named as registered agent and to accept service of	
stated limited liability company at the place designated in this certhe appointment as registered agent and agree to act in this content to comply with the provisions of all statutes relating to the proper ance of my duties, and I am familiar with and accept the obligategistered agent.	tificate, I hereby accept apacity. I further agree r and complete perform-
Corporation Service Company	

Office of the Secretary of State

I. EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY *WALKER & DUNLOP GP, LLC* IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL-EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JANUARY, A.D. 1997.

AND T DO HERERY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE



SECRETARY OF STATE DIVISION OF CORPORATIONS



Edward J. Freel, Secretary of State

AUTHENTICATION:

8295628

971021866

8300

2675827

DATE:

01-22-97