M98000001464



ACCOUNT NO. : 07210000032

REFERENCE

045082

AUTHORIZATION

COST LIMIT

\$ 285.00

ORDER DATE : November 25, 1998

ORDER TIME :

11:0 AM

ORDER NO.

045082-175

CUSTOMER NO:

4380006

CUSTOMER: Melissa A. Durbin, Legal Asst

Host Marriott Corporation

10400 Fernwood Rd.

Bethesda, MD

NAME:

HMC NGL 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: Angie Glisar

Name Availability

Document Examiner

Updater

Uocater Verifyer

Auknowiedgemei

P. Verifyer

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:

HMC NGL LLC

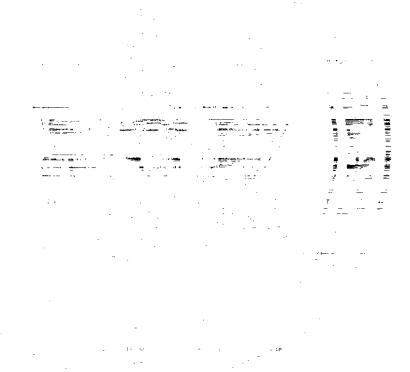
Dela (Jurisdiction	ware n under the law of which foreign lin	3.	(ON ORDER)	
company is	organized)	nited liability	(FEI number, if applicable	-
No	vember 10, 1998	5.	Perpetual_	
	(Date of Organization)		(Duration: Year limited liability compa exist or "perpetual")	ny will cease to
upon_	qualification			
			ctions 608.501, 608.502, and 817.155, F.	S.)
10400	Fernwood Road Bethesda	, Maryland 2	0817	
				<u> </u>
 .	((Street address of	principal office)	
ict name	title and business address of			
ist name,	fille, and business address of	each managing	member[MGRM] or manager[M	GR Iwho
	re the foreign limited lightlity.	componer in El	mid a. / a. 4 - a 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	011,1110
iii iiiaiiag	ge the foreign limited liability	company in Flo	orida: (attach additional page if ne	cessary)
	se the foreign limited liability NAME & ADDRESS:	company in Flo	orida: (attach additional page if ne	cessary) TITLE:
	ge the foreign limited liability	company in Flo	orida: (attach additional page if ne	cessary)
	NAME & ADDRESS:	company in Flo	orida: (attach additional page if ne	cessary) TITLE:
	NAME & ADDRESS: Robert E. Parsons, Jr	company in Flo TITLE: Manager	orida: (attach additional page if ne NAME & ADDRESS: Christopher G. Townsend 10400 Fernwood Road	cessary) TITLE: Manager
	NAME & ADDRESS: Robert E. Parsons, Jr 10400 Fernwood Road	company in Flo TITLE: Manager	nrida: (attach additional page if ne NAME & ADDRESS: Christopher G. Townsend	cessary) TITLE: Manager
	NAME & ADDRESS: Robert E. Parsons, Jr 10400 Fernwood Road	company in Flo TITLE: Manager	orida: (attach additional page if ne NAME & ADDRESS: Christopher G. Townsend 10400 Fernwood Road	cessary) TITLE: Manager
	NAME & ADDRESS: Robert E. Parsons, Jr 10400 Fernwood Road	company in Flo TITLE: Manager	orida: (attach additional page if ne NAME & ADDRESS: Christopher G. Townsend 10400 Fernwood Road	cessary) TITLE: Manager
	NAME & ADDRESS: Robert E. Parsons, Jr 10400 Fernwood Road	company in Flo TITLE: Manager	orida: (attach additional page if ne NAME & ADDRESS: Christopher G. Townsend 10400 Fernwood Road	TITLE: Manager 90 DEC 10
	NAME & ADDRESS: Robert E. Parsons, Jr 10400 Fernwood Road	company in Flo TITLE: Manager	orida: (attach additional page if ne NAME & ADDRESS: Christopher G. Townsend 10400 Fernwood Road	cessary) TITLE: Manager
	NAME & ADDRESS: Robert E. Parsons, Jr 10400 Fernwood Road	company in Flo TITLE: Manager	orida: (attach additional page if ne NAME & ADDRESS: Christopher G. Townsend 10400 Fernwood Road	Cessary) TITLE: Manager 98 DEC 10 PM 1: L
	NAME & ADDRESS: Robert E. Parsons, Jr 10400 Fernwood Road	company in Flo	NAME & ADDRESS: Christopher G. Townsend 10400 Fernwood Road Bethesda, Maryland 20817	Cessary) TITLE: Manager 98 DEC 10
	NAME & ADDRESS: Robert E. Parsons, Jr 10400 Fernwood Road	company in Flo	orida: (attach additional page if ne NAME & ADDRESS: Christopher G. Townsend 10400 Fernwood Road	Cessary) TITLE: Manager 90 DEC 10 PM 1: L

having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign

language, a translation of the certificate under oath of the translator must be submitted.)

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HMC NGL 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 EIGHTH DAY TOE DECEMBER. A.D. 1978.





Edward J. Freel, Secretary of State

AUTHENTICATION:

2965177 8300

9445540

981469433

DATE:

12-08-98

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 o	f the Limited Liability Company is:
	HMC NGL LLC
2. The name a	nd the Florida street address of the registered agent and office are:
_	The Prentice-Hall Corporation System, Inc.
	Name)
	1201 Hays Street Florida street address (P.O. Box NOT ACCEPTABLE)
	Tallahassee, FL 32301 City/State/Zip
liability comparagent and agree relating to the p	nmed as registered agent and to accept service of process for the above stated limited by at the place designated in this certificate, I hereby accept the appointment as registered to act in this capacity. I further agree to comply with the provisions of all statutes proper and complete performance of my duties, and I am familiar with and accept the my position as registered agent.
Ву	Ouel K Dolu- (Signature)

Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of	
HMC NGL LLCcertifies:	
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	s 100.00
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.)	5 0
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	s (00.80
Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit consulties an affirmation under the penalties of perjury that the facts stated herein are true.)	oer.
Christopher G. Townsend	<u></u>
Typed or printed name of signee	

Filing Fee: \$250.00 for Application and Affidavit