m9800000d483



ACCOUNT	NO.	:

072100000032

REFERENCE

045082

4380006

AUTHORIZATION

ORDER DATE: November 25, 1998

ORDER TIME :

9:58 AM

ORDER NO. : 045082-680

CUSTOMER NO: 4380006

Melissa A. Durbin, Legal Asst

Host Marriott Corporation

10400 Fernwood Rd.

Bethesda, MD 20817

FOREIGN FILINGS

NAME:

CBM TWO LLC

XXXX QUALIFICATION

(TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

Availability

Document Examiner

Updater

Uscarer Verifyer

Acknowledgemer



HOST MARRIOTT CORPORATION 10400 Fernwood Road Bethesda, Maryland 20817 (301) 380-5580 Fax (301) 380-8051

December 4, 1998

Secretary of State State of Florida

To Whom It May Concern:

CBM TWO Corporation consents to the use of the name CBM TWO LLC in the State of Florida to do business as a Foreign Limited Liability Company in the State of Florida.

CBM TWO Corporation

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:

1	CBM TWO LLC			
1.	(Name of foreign li	mite	d liability company)	
2.	Delaware	3.	on order	
_	(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applica	ble)
4.	November 10, 1998	5.	perpetual	_
	(Date of Organization)		(Duration: Year limited liability compexist or "perpetual")	pany will cease to
6.	Upon qualification		<u> </u>	
	(Date first transacted business in Florida. (See	sect	tions 608.501, 608.502, and 817.155, F.	S.)
7.	10400 Fernwood Road, Bethesda, MD 2081	.7		
	(Street address	of p	rincipal office)	
8. L	ist name, title, and business address of each manag	,0		-
8. L w	vill manage the foreign limited liability company in NAME & ADDRESS: TITLE:	Flo	rida: (attach additional page if n	ritle:
8. L w	vill manage the foreign limited liability company in	Flo	rida: (attach additional page if n	ecessary)
8. L. w	vill manage the foreign limited liability company in NAME & ADDRESS: TITLE:	Flo	orida: (attach additional page if n	ecessary) TITLE:
8. L w	NAME & ADDRESS: TITLE: Christopher G. Townsend Manager	Flo	nrida: (attach additional page if no name & ADDRESS: Robert E. Parsons, Jr.	ecessary) TITLE:
8. L w	NAME & ADDRESS: TITLE: Christopher G. Townsend Manager 10400 Fernwood Road	Flo	nrida: (attach additional page if notice in the notice in	ecessary) TITLE:
8. L w	NAME & ADDRESS: TITLE: Christopher G. Townsend Manager 10400 Fernwood Road	Flo	nrida: (attach additional page if notice in the notice in	ecessary) TITLE:
8. L w	NAME & ADDRESS: TITLE: Christopher G. Townsend Manager 10400 Fernwood Road	Flo	nrida: (attach additional page if notice in the notice in	ecessary) TITLE:
8. L w	NAME & ADDRESS: TITLE: Christopher G. Townsend Manager 10400 Fernwood Road	Flo	nrida: (attach additional page if notice in the notice in	TITLE:
8. L w	NAME & ADDRESS: TITLE: Christopher G. Townsend Manager 10400 Fernwood Road	Flo	nrida: (attach additional page if notice in the notice in	TITLE:

State of Delaware Office of the Secretary of State

PAGE 1

I. EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CBM TWO 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 TENTH DAY OF DECEMBER, ATD. 1978.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CBM TWO LLC" WAS FORMED ON THE TENTH DAY OF NOVEMBER, A.D. 1998

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT FREEN ASSESSED TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION:

9453804

DATE:

12-10-98

2965196 8300

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:
	CBM IWO LIC
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 compa agent and agre relating to the	amed as registered agent and to accept service of process for the above stated limited my 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.

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 ofCBM_TWO_LLC	
certifies:	
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$ 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.)	<u>\$0</u>
and 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is	\$ 100.00
(This total includes amounts from 2 and 3 above.)	
A receipt	
Signature of a member or an authorized representative of a member of authorized representative of authorized representative of a member of a m	er.
affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
Christopher G. Townsend	
Typed or printed name of signee	

Filing Fee: \$250.00 for Application and Affidavit